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INDIAN PSYCHOLOGY



Person of the Month
Alfred Adler (1870-1937)

Editor in Chief:
Prof. Suresh M. Makvana, PhD
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INDIAN PSYCHOLOGY

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Prof. Suresh M. Makvana, PhD

Editor

Ankit P. Patel

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Message from the Desk of Editor

This gives me an immense pleasure to announce that ‘RED’SHINE Publication, Inc’ is coming out with its third volume of peer reviewed, international journal named as ‘The International Journal of Indian Psychology. IJIP Journal of Studies’ is a humble effort to come out with an affordable option of a low cost publication journal and high quality of publication services, at no profit no loss basis, with the objective of helping young, genius, scholars and seasoned academicians to show their psychological research works to the world at large and also to fulfill their academic aspirations.

The International Journal of Indian Psychology welcomes submissions that explore the social, educational and psychological aspects of human behavior as related to human. Because The International Journal of Indian Psychology takes a broad and inclusive view of the study of both psychology and social science, this publication outlet is suitable for a wide variety of interests. Appropriate submissions could include general survey research, attitudinal measures, research in which criminal justice practitioners are participants, investigations into broad societal issues, or any number of empirical approaches that fit within the general umbrella provided by the journal.

At last, our thanks go out to the members of the journal who have done their best to work at this collaborative effort. May you continue in this wonderful spirit, which, we are sure will sustain your efforts in the future towards enhancing and enriching this journal.

Prof. Suresh Makvana, PhD¹
(Editor in Chief)

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Person of the Month: Alfred Adler (1870-1937)

Ankit Patel¹

Born	7 February, 1870 Vienna, Austria-Hungary
Died	28 May, 1937 Aberdeen, Scotland
Citizenship	Austrian
Known for	Individual psychology, The concept of the inferiority complex, President of the Vienna Psychoanalytic Society, 1910
Fields	Psychotherapist, Psychiatrist



Alfred Adler is known as one of the most influential thinkers in psychology. While he was initially a member of the Vienna Psychoanalytic Society, Adler eventually departed from Freud's theories and developed his own perspective, which he called Individual Psychology. He had a strong influence on a number of other eminent psychologists, including Carl Rogers, Abraham Maslow and Karen Horney.

Alfred Adler was an Austrian doctor and therapist who is best-known for forming the school of thought known as individual psychology. He is also remembered for his concept of the inferiority complex, which he believed played a major part in the formation of personality. Adler was initially a colleague of Sigmund Freud, helped establish psychoanalysis, and was a founding member of the Vienna Psychoanalytic Society. Adler's theory focused on looking at the individual as a whole, which is why he referred to his approach as individual psychology. Adler was eventually expelled from Freud's psychoanalytic circle, but he went on to have a tremendous impact on the development of psychotherapy. He also had an important influence on many other great thinkers including Abraham Maslow and Albert Ellis.

Alfred Adler was born in Vienna, Austria. He suffered rickets as a young child which prevented him from walking until the age of four. Due to his health problems as a child, Adler decided he

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Person of the Month: Alfred Adler (1870-1937)

would become a physician and, after graduating from the University of Vienna in 1895 with a medical degree, began his career as an ophthalmologist and later switched to general practice.

Adler soon turned his interests toward the field of psychiatry. In 1902, Sigmund Freud invited him to join a psychoanalytic discussion group. This group met each Wednesday in Freud's home and would eventually grow to become the Vienna Psychoanalytic Society. After serving as President of the group for a time, Adler left in part because of his disagreements with some of Freud's theories.

While Adler had played a key role in the development of psychoanalysis, he was also one of the first major figures to break away to form his own school of thought. He was quick to point out that while he had been a colleague of Freud's, he was in no way a disciple of the famous Austrian psychiatrist. In 1912, Alfred Adler founded the Society of Individual Psychology. Adler's theory suggested that every person has a sense of inferiority. From childhood, people work toward overcoming this inferiority by asserting their superiority over others. Adler referred to this as 'striving for superiority' and believed that this drive was the motivating force behind human behaviors, emotions, and thoughts.

Although Adler's psychological theory was developed nearly a century ago, many of his concepts are still brought to fruition through Adler University. His concepts based in social interest, social justice, equality, and the importance of education guide the Adler University's commitment to social change – from our curriculum, practica, internships, programming and experiential offerings for students, faculty and alumni – to our hundreds of partnerships at work with local communities to improve community mental health.

Although Adler's theory may be less interesting than Freud's, with its sexuality, or Jung's, with its mythology, it has probably struck you as the most common-sensical of the three. Students generally like Adler and his theory. In fact, quite a few personality theorists like him, too. Maslow, for example, once said that, the older he gets, the more right Adler seems. If you have some knowledge of Carl Rogers' brand of therapy, you may have noticed how similar it is to Adler's. And a number of students of personality theories have noted that the theorists called Neo-Freudians -- Horney, Fromm, and Sullivan -- should really have been called Neo-Adlerians.

And so the "positives" of Adler's theory don't really need to be listed: His clear descriptions of people's complaints, his straight-forward and common-sense interpretations of their problems, his simple theoretical structure, his trust and even affection for the common person, all make his theory both comfortable and highly influential.

TIMELINE

- 1870** Alfred Adler born on February 7th 1870
- 1888** Began his studies at the University of Vienna Medical School
- 1895** Received medical degree from the University of Vienna
- 1897** Married Raissa Timofeivna Epstein
- 1898** Established private practice in Vienna
-Birth of first daughter, Valentine
-Published two articles in Austria's "*Medical News Bulletin*"
- 1901** Second child, Alexandra, is born
- 1902** Published two articles in *Medical News Bulletin*
-Sigmund Freud invited Adler to join the fledgling Wednesday Psychological Society (later renamed to Vienna Psychoanalytic Society)
- 1904** Adler publishes his most important article to date, *The Physician as Educator*
-Converted from Judaism to Protestantism
-Birth of Kurt Adler
- 1905** Publication of *A Study of Organ Inferiority*
- 1909** Birth of Cornelia (daughter)
- 1911** Adler is expelled from the Vienna Psychoanalytic Society under Freud's impetus
-Adler forms his own group, initially called the Society for Free Psychoanalytic Inquiry
- 1912** Published *The Neurotic Constitution*
- 1913** Renamed his group The Society for Individual Psychology
- 1914** Published *Healing and Education*, edited by Adler
- 1916** Drafted as a military physician for the Austro-Hungarian Empire during World War I
- 1918** Discharged from military service, began emphasizing social feeling in writings
- 1922** Published *The Practice and Theory of Individual Psychology*
-Adler begins setting up educational consulting teams in child guidance for Vienna's public schools

Person of the Month: Alfred Adler (1870-1937)

1924

Became a professor at Vienna's Pedagogical Institute 1928 First lecture-tour of the United States

-Published *The Case of Miss R: The Interpretation of a Life Story*

1929

Became an adjunct professor at Columbia University, started to shift base of operations from Vienna to New York City

-Published *Individual Psychology in the Schools*

1931

Published *What Life Should Mean to You*

1932

Professor at the Long Island College of Medicine, Adler's first full-time academic position in the United States

1933

Published *Religion and Individual Psychology and Social Interest: A Challenge to Mankind*

1937

Died, May 28th, Aberdeen, Scotland

SELECTED PUBLICATIONS

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QUOTES

"It is easier to fight for one's principles than to live up to them."

"The chief danger in life is that you may take too many precautions."

"The only normal people are the ones you don't know very well."

"Exaggerated sensitiveness is an expression of the feeling of inferiority."

"Trust only movement. Life happens at the level of events, not of words. Trust movement."

"We must interpret a bad temper as a sign of inferiority."

"The greater the feeling of inferiority that has been experienced, the more powerful is the urge to conquest and the more violent the emotional agitation."

"It is the patriotic duty of every man to lie for his country."

"The educator must believe in the potential power of his pupil, and he must employ all his art in seeking to bring his pupil to experience this power."

"There is no such thing as talent. There is pressure."

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Social Cognitive Intervention: Reducing Irritability and Impulsivity among Aggressive Adolescents

Dr. Parwinder Singh^{1*}

ABSTRACT

The study examines the effectiveness of Social Cognitive Intervention in reducing Irritability and Impulsivity among Aggressive Adolescents. The intervention was conceptualized using a Social Information Processing framework for understanding the development of aggressive behaviour. Social information processing theory emphasizes the active role of cognition in social adjustment. A five session Social-Cognitive Intervention was designed to train aggressive individuals not to infer hostile peer intent, to act non-impulsively and not to be irritated in negative social encounters and to provide various appropriate responses to such situations. By focusing on restructuring cognitions and changing social information processing pattern, it is assumed that changes in feelings of anger, irritability & impulsivity would then follow which would further reduce aggression among individuals. 100 aggressive individuals were randomly assigned to experimental and control group. After 5 sessions of social cognitive intervention, all the aggressive individuals, from both experimental and control groups were administered Irritability and Impulsivity Questionnaires to assess the effectiveness of intervention. Experimental and control group were compared on both variables by applying a series of univariate ANOVAs. Same statistics were also applied to compare experimental and control group for males and females separately. Individuals in experimental group showed significant less Irritability and Impulsivity scores as compared to those in control group, thereby proving the effectiveness of social cognitive intervention. Implications for research and practice involving the treatment of aggressive adolescents are discussed.

Keywords: *Social Cognitive Intervention, Hostile Attribution of Intent, Irritability, Impulsivity*

Aggression has long been recognized as one of the most disruptive and pervasive childhood behavioral problems. Aggressive behavior tends to be highly stable from early childhood to adolescence and adulthood (e.g., Huesmann, Eron, Lefiowitz, & Walder 1984; Olweus, 1979; Feshbach & Fraczek, 1979, p. 2; Kazdin, 1987) and predicts a wide spectrum of adult adjustment problems (Kohlberg, Lacrosse, & Ricks, 1972). For example, children who are highly aggressive

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*Responding Author

in school settings, males in particular, are more likely than less aggressive children to engage in significantly higher rates of juvenile delinquency as they grow older (Loeber & Stouthamer-Loeber, 1987). These boys are also more likely to experience poor overall school adjustment, peer rejection, greater than average rates of school drop out, and higher than average rates of referral for clinical mental health interventions (Kupersmidt & Coie, 1990). A number of theoretical explanations have been proposed to account for the diversity and complexity of aggression and violence in humans. Among other factors, like frustration (Berkowitz, 1993), biased social information processing (Anderson & Bushman, 2002), Narcissism (Baumeister, Bushman, & Campbell, 2000) & emotional susceptibility (Caprara et al., 1987), irritability and impulsivity (Barratt, 1994) have been associated with aggression (Anderson et al., 2004).

Previous studies for irritability and impulsivity show that, even when situations are relatively neutral, individuals who are high on impulsivity and irritability engage in higher levels of aggressive behavior than those who are low on the same (Anderson et al., 2004). According to Snaith and Taylor, 1985, Irritability is an unpleasant mood characterized by reduced control over temper that may result in irascible verbal or behavioural outbursts (Snaith and Taylor, 1985). Irritability is also defined as the "tendency to react controversially or rudely at the slightest provocation or disagreement" (Caprara, Cinanni, D'Imperio, Passerini, Renzi, & Travaglia, 1985, p. 667). Irritability has been associated with a range and variety of verbal and physical behaviour. The definition of *irritability* includes being angrier, in general, and taking offense to the slightest provocation as well as the propensity to be offensive in the use of aggressive behavior (Caprara, 1982). Another important correlate of aggression is Impulsivity. Impulsivity is associated concurrently with verbal and physical aggression [Shapiro et al., 1988; Vigil-Colet and Codorniu Raga, 2004]. This is because impulsive individuals tend to respond quickly and without reflection (Barratt and Patton, 1983). Moreover, such individuals are unable to delay gratification when tolerance of delays produces a less risky outcome (Rachlin, 1974). This is the reason why impulsivity has been found to be associated with delinquency [White et al., 1994] and number of arrests and crimes committed [Babinski et al., 1999]. In summary, the literature reveals a positive relation between irritability, impulsivity and aggressive behavior under both neutral and provoking conditions.

Impulsivity is associated with high levels of hostile behaviors (Atkins and Stoff, 1993) and hostile attribution bias (Schwartz et al., 1998). Nasby, Hayden, and dePaulo (1980) coined the term "hostile attribution bias" to describe the tendency of aggressive youth to attribute hostile intent to others. Hostile attribution of intent in turn are believed to cause aggressive behaviour, instigate more problematic social interaction, and thereby limit non-aggressive interactions that could provide opportunities to learn pro-social behaviour (Dodge, 1999; Weiss et al., 1992). Thus it is suggested that hostile attribution of intent may be a key element in the development and persistence of behavioural problems over time. The episodes of behavioural problems like irritability and impulsivity can be reduced (ultimately reducing the level of aggression) if appropriate training on how to use social information accurately is provided to aggressive individuals.

Social Cognitive Intervention: Reducing Irritability and Impulsivity among Aggressive Adolescents

In the present study, the above mentioned two important correlates of aggression, namely irritability and impulsivity was the target for change. A five session Social-Cognitive Intervention was designed specifically for the present research work with material and activities appropriate for the age group of 12-15 years. The primary goal of the intervention was to train aggressive individuals not to infer hostile peer intent, to act non-impulsively and not to be irritated in negative social encounters and to provide various appropriate responses to such situations. By focusing on restructuring cognitions and changing social information processing pattern, it was assumed that changes in feelings of anger, irritability & impulsivity would follow which would further reduce aggression among individuals as both are found to be related (Caprara & Renzi, 1981). A number of studies have demonstrated the effectiveness of intervention strategies and programs specifically designed to prevent or reduce anti-social behaviour by targeting social cognitive and social information processing skills linked to social behaviour (Gottfredson, 1997; Hughes & Cavell, 1995; Larson, 1994,). Likewise, training in social problem solving is frequently a part of mental health treatment programs for aggressive and antisocial children (Kazdin, 1994).

METHOD:

Selection of Subjects:

Initially 300 individuals (150 males and 150 females) with the mean age of 13.60 years (SD=1.03 years) were randomly selected from four schools of Patiala and Chandigarh (Punjab, India). The subjects were administered Aggression Questionnaire (Buss & Perry, 1992) and 100 individuals with equal number of males and females (n=50) scoring high on Aggression were selected. Scores on Aggression Questionnaire (Buss & Perry, 1992) were tabulated in descending order separately for males & females. For both males and females, ranked score of aggression were divided into two halves i.e. upper 33% & lower 33%, leaving middle 34% out for calculation. Participants in Upper 33% half were considered high on aggression. From both groups, 50 aggressive males and 50 aggressive females were then finally selected for including in the study. These 100 individuals were then randomly assigned to experimental and control group. This assignment was done with the help of slips representing each aggressive individual. The total numbers of aggressive individuals for each school were divided into two halves by drawings those slips randomly and putting it in two blind boxes. After this, one of these boxes was assigned as experimental group and other one as control group. There were equal number of males and females in control group and experimental group. Demographic characteristics of sample used are given below in detail.

Table 1: Demographic characteristics of sample

	Gender Specification	Numbers of individuals	Mean Age(In Years)	SD (In Years)
Total Sample		100	13.38	0.91
	Males	25	13.58	0.97
Control group	Females	25	13.24	0.66
	Total	50	13.41	0.84
	Males	25	13.46	1.07
Experimental group	Females	25	13.24	0.87
	Total	50	13.35	0.98

Measures:**Aggression (Buss and Perry, 1992):**

The revised version of 'Buss & Durkee Hostility Inventory' (Buss & Durkee, 1957) i.e. Aggression Questionnaire (Buss & Perry, 1992) was used to assess aggression. It consists of 29 items, distributed unequally among Anger (7 items- item number 1, 9, 12, 18, 19, 23 & 28), Physical Aggression (9 items-item number 2, 5, 8, 11, 13, 16, 22, 25 & 29), Hostility (8 items-item number 3, 7, 10, 15, 17, 20, 24 & 26) & Verbal Aggression (5 items- item number 4, 6, 14, 21 & 27). It measures hostile aggression, because it contains items for aggressive behaviour and for angry/hostile feelings. For the total score, internal consistency (alpha) is .89 and 9-week test-retest reliability is .80 (Buss & Perry, 1992; Harris, 1997). Validity is supported by acceptable correlations with other self-report measures of aggression and with peer nominations of aggressive behaviour (Buss & Perry, 1992; Harris, 1997).

Irritability (Caprara et al., 1985).

The scale contains 30 items along with a 6-point Likert-type scale for each item ranging from 5 (completely true for me) to 0 (completely false for me). Authors reported good reliability i.e. coefficient alpha for the scale is found to be .81, the split-half correlation is .90, and the test-retest correlation is 83.2.

Impulsivity (BIS-11, Patton et al., 1995).

Impulsivity was measured with the help of **Barratt Impulsiveness Scale** (BIS-11, Patton et al., 1995). Barratt Impulsiveness Scale (BIS-11) consists of 30 statements of personal characteristics. Respondents are asked to indicate the extent to which the statements apply to them using a four-point scale ranging from rarely/never to always/almost always. Each is rated on a 1 rarely/never) to 4 (always/almost always) scale. The BIS-11 has been used with a variety of populations (e.g. Crean et al., 2000; Kirby et al., 1999) and has demonstrated good reliability and validity (Fossati

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et al., 2002; Patton et al., 1995). Patton et al. (1995) report internal consistency coefficients for the BIS-11 total score that range from 0.79 to 0.83.

Social Cognitive intervention:

After assigning aggressive individuals into two groups, i.e. experimental group and control group, Participants in experimental group were given five session intervention. Detail of each session is as follows:

Session I:

First session consisted of general introduction in which purpose, procedure & benefit of the program were discussed. Role of personality and specially role of cognitions in all kind of behaviour was also highlighted. ABC model of behaviour (Ellis, 1993) & other exercises with effect of perception on behaviour as the main concern were discussed.

Session II:

In second session, aggression and its negative effect on us & others were demonstrated. Role of cognitions in aggressive behaviour were linked with the help of some activities & exercises.

Session III:

In third session, concept of ambiguous situation was defined & possibility of negative ambiguous situation as an accidental one was also discussed. Role of uncontrolled and unintentional situational factors in negative social ambiguous situation was the main concern of the session. Significance of feelings in one's reaction to social stimuli was also elaborated.

Session IV:

Fourth session was basically related to our responses after attribution and what we should keep in mind while reacting to negative ambiguous social situation.

Session V:

In fifth session, other factors that predispose individual to misattribute intentions and behave aggressively were discussed. Hypothetical scenarios were used to practice all the steps that they learnt in previous sessions i.e. from negative encounter to appropriate response in which getting information about situation, attributing intent & finally choosing appropriate responses were included.

The Intervention program was carried out in the school premises. The respective principals of different schools were made aware of the aims of the program and its usefulness for students. It was only after the consent of the school authorities that the program was conducted. There were 10-12 participants in each group as they were from different schools. Trained counselling Psychologist conducted these sessions. Each session was of 70 to 75 minutes duration. No student was absent during any session as sessions were planned according to students availability and convenience of the school. This whole exercise took around 40 days.

Participants were given some home assignment after each session to perform in which they had to note some observation and do some relaxation exercises for which they were trained briefly

during each session. One follow-up session of general interaction with them was scheduled to get feedback which came out to be very satisfactory. Findings of the study are mentioned in following sections.

Procedure:

Aggressive individuals were randomly assigned to experimental and control group (n=50) with the procedure mentioned above. The experimental group was given 5-session social cognitive intervention designed specifically to deal with hostile attribution of intent and thereby reducing aggression. To avoid unethical practice, control group was also given a sort of intervention in which neutral or unrelated issues were discussed like study habits, time management & appropriate approach in career selection. After 5 sessions of social cognitive intervention, all the aggressive individuals, from both experimental and control groups were administered Irritability and Impulsivity Questionnaires to assess the effectiveness of intervention. Experimental and control group were compared on both variables by applying a series of univariate ANOVAs. Same statistics were also applied to compare experimental and control group for males and females separately. Finally results were interpreted and findings were discussed.

RESULTS:

Findings of the study are mentioned in the Tables and Figures given in Appendix 1.

Table 2 clearly indicates that social cognitive intervention was successfully used in the present experiment. Individuals in the experimental group received social cognitive intervention which had a significant effect on level of irritability and impulsivity. Subjects in the control group had a higher level of irritability ($M=95.26$) than those in experimental group ($M=62.46$) & this difference came out to be highly significant $\{F(1, 98) = 117.5, p < 0.01\}$. Same trend has been observed for both males and females i.e. when compared separately both groups scored significant less scores on irritability. For impulsivity control group scored more ($M=73.68$) as compared to experimental group ($M=61.10$). The difference between both groups with less scores in experimental group has been found to be significant $\{F(1, 98) = 29.87, p < 0.01\}$. Although the difference between control group and experimental group on impulsivity was significant for both males and females, females were found to have more benefit from social cognitive intervention as the difference between control and experimental group was more for female group $\{F(1, 98) = 25.76, p < 0.01\}$ as compared to male group $\{F(1, 98) = 9.74, p < 0.01\}$. Summary of ANOVA for both irritability and impulsivity is presented in Table 3. Findings of study have been graphically represented in Figure 1 & 2. Thus it can be stated here that restructuring of social cognitions and social information processing style of the subjects in the experimental group has significant effect on the level of their irritability and impulsivity of aggressive individuals. Reduction in irritability and impulsivity may further reduce the levels of aggression.

DISCUSSION:

The main issue dealt with in the present experiment was, ‘can social cognitive intervention lead to a change in the irritability and impulsivity level of aggressive individuals?’ Though a lot of research has been done in the area of aggression and its correlates (Bandura, 2001; Baumeister, Bushman, & Campbell, 2000; Barratt, 1994; Berkowitz, 1993), none, to our knowledge (in Indian setting) has used social cognitive intervention to reduce irritability and impulsivity.

Results clearly indicate that social cognitive intervention was successfully used in the present experiment. Individuals in the experimental group received social cognitive intervention which had a significant effect on level of irritability and impulsivity. Subjects in the control group had a higher level of irritability { $F(1, 98) = 117.5, p < 0.01$ } and impulsivity { $F(1, 98) = 29.87, p < 0.01$ } than those in experimental group and these differences were found to be highly significant.

As discussed above, irritability and impulsivity are important correlates of aggressive behaviour. We used social cognitive intervention to reduce irritability and impulsivity hoping that this would reduce aggression. This does not mean that by simply reducing irritability, their aggression can be treated. The only fact that the finding of the present experiment provide is that social cognitive intervention can be successfully used to reduce irritability and impulsivity in aggressive individuals. Since irritability impulsivity & aggression have been found to be associated (Caprara & Renzi, 1981; Caprara, Barbaranelli, & Comrey, 1992), change (in present case, reduction) in one can be expected to be related with change in other. Another important implication of the present findings is that social cognitive intervention has been especially useful in taking care of irritability of adolescents, as it was an adolescent sample & in early adolescents, it has been reported that fluctuation in hormones are associated with greater irritability (Buchanan et al 1992), thus beside its correlation with aggression, irritability in itself is very crucial to handle so that various problems usually associated with adolescence can be avoided.

Another significant finding of the present research work was that the aggressive individuals in experimental group showed less impulsivity as compared to those on the control group. Since impulsive individual do not think of consequences before responding to the situation, they end up acting aggressively. Personality research characterizes impulsivity as the enduring tendency to act without thinking or to respond quickly to a given stimulus, without deliberation or evaluation of consequences [White et al., 1994]. This deficit in attention to future consequences is corrected at the response evaluation step of social information processing (SIP) model, which requires consideration of both immediate and long-term future consequences of an action or response that helps in reducing impulsivity. In the context of SIP patterns, a child who often acts without considering the unique elements of a particular social situation may be more likely to rely on their “default” way of processing and responding. When faced with a potentially conflictual situation in real life, children who are not impulsive are likely to consider the unique elements of the situation at hand and deliberate on the future consequences of their potential responses. However, impulsive children are less likely to integrate peripheral information and

consider long-term future consequences of their actions in a particular situation, and by failing to do so; they may not recognize important differences between hypothetical and real responses. Furthermore, once an aggressive response has been put into action, non-impulsive children may be more able to process immediate feedback and alter their response. However, once the impulsive child has enacted a response, he/she may not possess the effortful control skills necessary to reevaluate or change a response once it has been enacted [Newman and Wallace, 1993]. In the present intervention, aggressive individuals were trained with help of social information processing model, to evaluate responses and their consequences and not to have predetermined mental set while responding in negative encounter and have non-impulsive and fresh appraisal of the situation. Such kinds of strategies have been proved to lower down the impulsiveness of aggressive individual.

The subjects in the experimental group were interviewed after the social cognitive intervention. They reported that the exercises that were a part of intervention helped them see things in a new perspective. It helped them relax, re-focus & re-think on certain important issues of life. They felt changed. This kind of feedback can lead us to infer that social cognitive intervention has important role not only to reduce irritability, impulsivity & aggression but other behaviour as well.

Separate analysis for the effect of intervention on males and females proved that such intervention is helpful in reducing irritability, impulsivity for both males and females.

The effective & proper use of social cognitive intervention can have far reaching positive effects on an individual's life. Focusing cognitions & targeting them for change can help an aggressive individual to see aggression provoking scenario from a new perspective with relaxed state of mind.

LIMITATIONS:

The findings however may not be generalized to individuals with different age group, culture & background since the data was gathered from four public urban schools of two cities but it can work as very important guidelines for counsellors in different educational institutes. Thus it should be tested in diverse settings to enhance its external validity. Moreover, intervention should be tested by taking into consideration the other significant correlates of aggression and some behavioural measures of aggression can also be used.

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APPENDIX 1:

Table 2, Means and Standard Deviations of Irritability and Impulsivity scores obtained by Males, Females and combined sample in control & experimental Group along with F-ratios.

Groups	Irritability scores				
	Control group		Experimental group		F-ratio
	Means	SD ^a	Means	SD ^a	
Combined Sample	95.26	13.041	62.46	16.9624	117.502
Males	95.32	14.25284	62.44	18.7796	48.62639
Females	95.2	12.00347	62.48	15.32188	70.649
Groups	Impulsivity scores				
	Control group		Experimental group		F-ratio
	Means	SD ^a	Means	SD ^a	
Combined Sample	73.68	10.14	61.10	12.73	29.87*
Males	74.36	11.57	62.40	15.28	9.74*
Females	73.00	8.66	59.80	9.70	25.76*

Note: Values are means scores of Irritability and Impulsivity

a- Standard Deviation

*p<.01

Table 3, Summary of ANOVA for the Effect of Intervention (Experimental & Control Group) on Irritability and impulsivity for combined sample.

Variables		SS Effect	df Effect	MS Effect	SS Error	df Error	MS Error	F
Irritability	Combined Sample	26896.00	1	26896.00	22432.04	98	228.8984	117.50*
	Males	13513.68	1	13513.68	13339.60	48	277.91	48.63*
	Females	13382.48	1	13382.48	9092.24	48	189.42	70.65*
Impulsivity	Combined Sample	3956.41	1	3956.41	12981.38	98	132.4631	29.87*
	Males	1788.02	1	1788.02	8815.76	48	183.66	9.74*
	Females	2178.00	1	2178.00	4058.00	48	84.54	25.76*

* $p < .01$

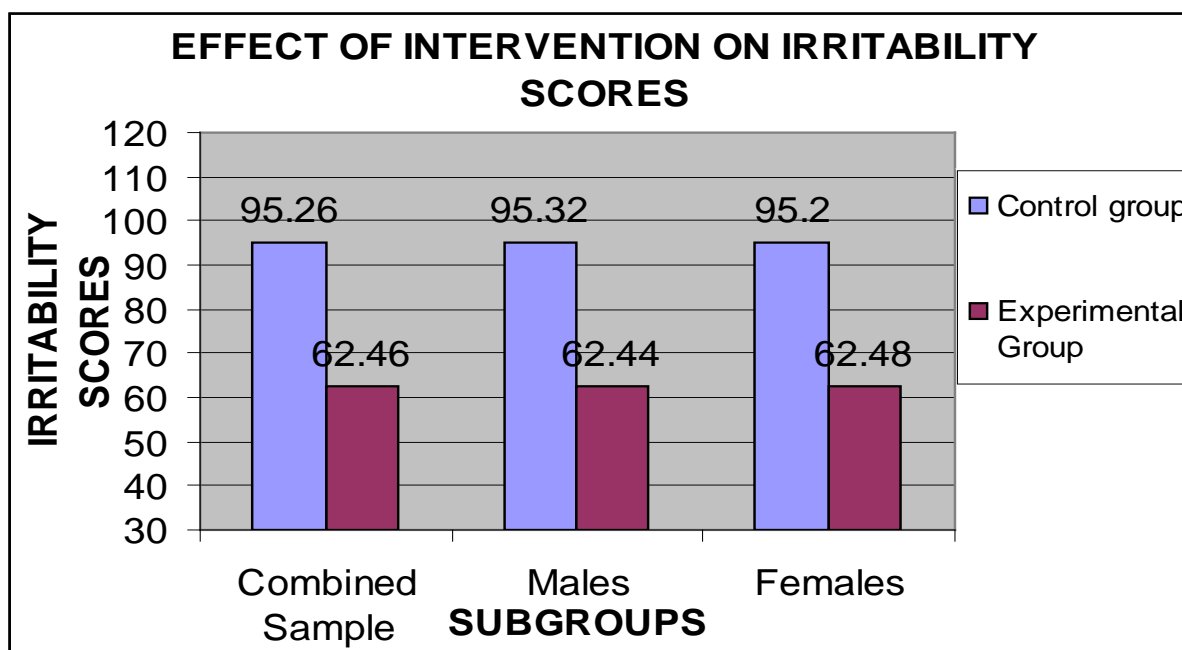


FIGURE I, Means scores of Irritability of males, females and combined sample in both experimental and control group

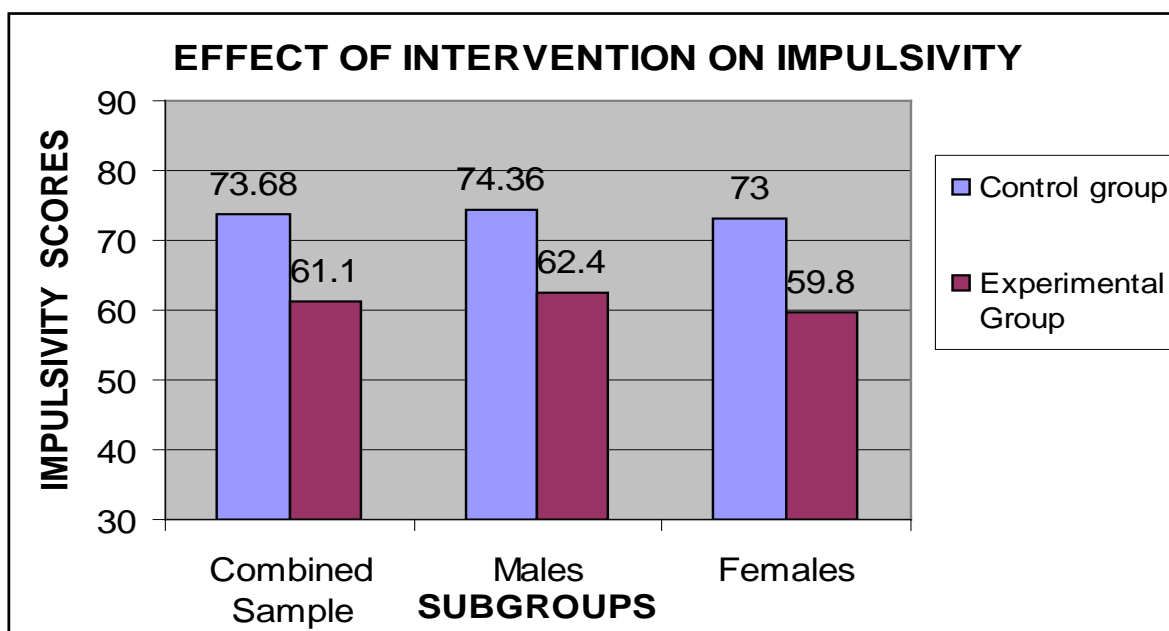


FIGURE II, Means scores of Impulsivity of males, females and combined sample in both experimental and control group

***Analysis of data is carried out with the help of STATISTICA 7 software.

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Uses of Common Tools: Is Affordance a Base?

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ABSTRACT

A tool is a device that is used to achieve a task, but not consumed in the process. When in use, a tool works as a part of the user's own body not the environment. The most important point of evolution in human history was development and use of tools. The first tool was made out of stone. Thus, historians refer to the period of time before written history as Stone Age. A study is planned in which the objectives were to know the commonly available and useable tools in present day semi-urban environment, enlisting frequently used tools and their uses, categorizing the uses in terms of commonness- uniqueness and identifying the affordance in their tool. To achieve these objectives 70 samples were taken from age groups of 21-35, 36-50 and 51-65. Findings reveals 142 common human used tools, on the basis of frequency tools were divided in four categories. In these categories second and unique uses were also found. It was found that affordances enhances the efficiency of less precise, less costly, forms of social learning strategies in the acquisition of novel tool use.

Keywords: *Tool use, Affordance and Uniqueness.*

A tool is a device that can be used to produce an item or achieve a task, but that is not consumed in the process. When in use, a tool is a sort of extension of the hand, almost an attachment to it or a part of the user's own body, and thus is no longer a part of the environment of the user. But when not in use, the tool is simply a detached object of the environment, graspable and portable, to be sure, but nevertheless external to the observer (Gibson, 1979).

One of the most exciting issues in psychology is what are the psychological mechanisms underlying human tool use? Surprisingly, this question has received very little attention from psychologists (Johnson-Frey, 2004; Le Gall, 1992). A certain number of attempts have nevertheless been made to model how humans perform tool behavior (referred to hereafter as the HOW issue). These attempts fall into two categories. The first category assumes that tools have no inherent meaning, and thus the meaning must be created internally and stored by the user. The

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other category assumes that tools have inherent meanings, which is detected and exploited by the user without mental calculation.

They all are computational models, based on the core assumption that the use of a tool (e.g., a hammer) requires the extraction of sensory information about object properties (heavy, rigid), which can then be translated directly or indirectly into appropriate motor outputs (grasping, hammering). J.J. Gibson's ecological approach to perception falls into the latter category. For J. J. Gibson (1979), we do not perceive the properties of tools but what they afford (a heavy, rigid object affords pounding). This is the theory of affordances.

The concept of affordance proposed by perception psychologist, Gibson (1979) expounded that in the ecological environment animals can perceive instinctively if the objects around the environment can provide the necessities for surviving. When organisms perceive the physical properties of the environment, such as: shape and dimension, in the same time, they can perceive the functions provided by the environment as well. Gaver (1991) pointed out that the concept of affordance emphasizes human body dimensions, physical shape, the relation between properties and shape, and the perceptive information provided by objects.

An affordance is a particular kind of disposition, one whose complement is a dispositional property of the organism". (Turvey, 1992)

The common terms in the above definition of 'affordance' are: relations, possibility, opportunity, immediacy, and interaction. So, it can be understood that affordance refers to anything that is available to the person to do something with. For example, if a person is left alone near a creek and wants to get across, a rock on the water signals to step on it and cross the creek. This affordance directly signals its relevance from an adult person on that situation but it doesn't signal for a small child who cannot see the rock (Van Lier, 2004).

There are two types of affordances: natural and cultural. The example of natural affordance is the case of flower that is relevant to bee and a flat hard surface is 'walkable-on' to the human being. The example of cultural affordance is that in the case of manufactured object or cultural artifacts, the purpose or the intended use of the object signals its purpose. In fact, the features of an object signal a kind of relevance. Cultural affordance refers to the specific meanings and values. Shotter and Newson (1982, cited in Van Lier, 2004) defines affordance in terms of all types of constraints and enablement's that are indirect and mediate.

Review of literature indicates relationship between affordance and tool uses by human. Keeping in view the thinner review of literature, present investigation was planned to check the links between uses of human tools and affordance.

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There has been rapid change in the daily life activities of the rural and urban community in India owing to the availability of abundant tools and machines. With the help of affordance a person can use one tool in a multipurpose manner. It enhances the ability to conduct work in a different and novel way.

The present investigation aims to study when, why and how does affordance guide tool use in human adults.

OBJECTIVE:

Objectives of the present study are as follows:

- To know the commonly available and useable tools in present day semi-urban environment.
- To enlisting frequently used tools and their uses.
- To categorize the uses of tools in terms of commonness/frequency of uses.
- To identify the affordance in their tool.

METHODS

Sample:

A total of 70 (40+20+20) subjects of both gender age range from 21 to 65 were selected.

Design:

A multi-task design was employed to achieve the objectives.

Multitask procedure was used (N-70)

Task-1	Task-2	Task-3	Task-4
T-1 Sample of 30 individuals (both male and female) of three age groups (i.e. 21-35, 36-50, and 51-65) were asked to enlist the name of tools they are familiar.	T-2 Same sample revisited and presented with a list of 142 tools and asked to arrange the tools in three categories as: (a) Frequently used, (b) Occasionally used, and (c) Do not use but they know the tool	T-3: A sample of 20Ss was asked to endorse the tools three responses: common use, second use and the other uses.	T-4: A sample of 20Ss was asked to describe the physical properties of the selected tools.

Purpose: Human tool uses and its affordance in daily life. To achieve purpose of the study four tasks were planned.

Task-1: prepare a list of common tools used by a person in daily routine.

Task-2: find out participants used which human tools as frequently, occasionally and how many times. This survey was conducted on same age group and participants.

Task-3: find out most frequently uses, second uses and unique uses of common human uses tools. For this purpose same age and different participants were used. This survey was conducted to find out way of dialectical novel uses on human tools.

Task-4: find out the Affordance on human used tools. For this purpose participants were given list of randomly selected tools to note down the physical properties from the list. This survey was conducted on different age and participants.

Procedure:

Participants were contacted individually and clearly informed about the purpose of the study. After establishing the rapport with the participant, he/she was asked to understand the general instructions, however the instructions for specific human tools/task were provided separately. When the subject was comfortable and ready for the task, he/she was asked that which tools were used in commonly. They noted down the name of tools.

Task based study with each individual subject was separately done. Every effort was made to complete the job in a single sitting. How many tools were used and which tools were used in particular situation/responses also noted down. There was no time limitation for the completion of task. After completion of task participants were appreciated for their help and support.

RESULTS:

To achieve main aim of the study use of human tool and its affordance. For this purpose four surveys were conducted and results are as follows:

Primary Survey 1; results reveal that there was a list of 142 common human used tools. (List attached in appendix-I). On the basis of Survey 1, survey 2 was conducted. Results shows that 114 tools were remained on this list, on the basis of frequently used, occasionally used and unused tools but they know the tools. At the end of Survey 2, 28 tools were such as that were endorsed by subjects (listed on; Unused but they know the tool).

After Survey 2, on the basis of frequency tools were divided in four categories such as such as category 1 (frequently uses), category II (occasionally uses), category III (frequently uses + occasionally uses) and category IV (frequently uses + occasionally uses). In the end out of 114, a total of **35 highly frequent** used tools were thus identified.

Table-1: Result of Survey 2

Category of tools uses	Identified tools
I. Frequently used tools (frequency 20)	Total 3-tools were identified Tooth-brush, Comb and Razor
II. Occasionally used tools (Frequency 15)	Total 3-tools were identified Scissor, Knife and Blade
III. Frequently + Occasionally (Collective frequency 20)	Total 12-tools were identified. Example: Hammer, spoon, mobile, calculator, pen, nail-cutter, ball, lock's key, watch, fork and remote T.V.
IV. Frequently + Occasionally (Collective frequency 15)	Total 17-tools were identified. Example: Camera, stapler, screwdriver, press, earphone, wiper, matchstick, bottle, saw, basket, mug, rope etc.

On the basis of 35 highly frequent used tools, Survey 3 was conducted. Purpose of Survey 3: to find out the second uses and unique uses. For this purpose same sample revisited and presented with a list of 35 tools. Results revealed that the list of tools had unique and second uses present.

Table-2: Result of Survey 3

Tool name	Second uses	Unique uses
Toothbrush	Hair colouring and dusting	Transforming something liquid and dry powder
Comb	Solving untidy threads	Marking more than one straight line with ink
Pen	Self defense weapon	Decoration
Hammer	Putting nails on wall, self defense, breaking locks	Paperweight, decoration
Blade	Surgery, paper cutting	Rubbing written content
Mobile phone	As camera, as recorder	Lighting fire
Scale	Cutting vegetables	Making decorative tree of vegetables
Knife	As a screwdriver	Making wooden spoon
Razor	Cutting cloths	Cleaning woolen cloths

At the end the purpose of Survey 4 identified the affordance in human tool use for the purpose sample of 20 subjects were asked to describe the physical properties of the randomly selected tools.

Table-2: Result of Survey 4

Tool Name	Affordance
Toothbrush	Light, flexible, long and thin
Comb	Spines, thin, light and easy to carry
Pen	Pointer, long, Light and easy to handle
Hammer	Hard, rigid, strong and heavy
Blade	Sharp, thin, light shape
Mobile phone	Light, smooth, fast, easy to carry and use
Scale	Long, light , easy to carry and use
Razor	Light weight, easy to handle and carry, sharp in use
Screwdriver	Easy to handle and carry, rigid, light and long in shape
Rope	Cotton and plastic made, long, light and flexible
Clock	Three spines, plastic and iron made, various shapes
Scissor	Spines, sharp, steel made and easy to handle
Stapler	Shape , heavy, plastic and aluminum made
Pen drive	Light in weight, plastic made, light shapes
Spoon	Long, light, easy to handle and carry, etc.

CONCLUSION:

Keeping in view the entire findings above on the basis of all the four tasks it can be testified that various tasks were meaningful. The objective of the study was achieved. To our knowledge, the present study provides the first evidence that object affordances play a major role in the learning

and prediction of observed tool-use behaviors. This could arise in the absence of high-level, faithful social transmission mechanisms such as true imitation of observed action goals and means. Affordances could enhance the efficiency of less precise, though less costly, forms of social learning strategies in the acquisition of novel tool use, like emulation learning or stimulus enhancement and increase ability how to work and effect of an affordance on uses of tools.

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APPENDIX-I

List of common human used tools

Sr. No	Tool Name	
1.	Knife	Pkkdw
2.	Hammer	gFkkSMh
3.	Fork	DkVvk
4.	Spoon	Peep
5.	Mobile	Qksu
6.	Calculator	ifjdyu ;a=
7.	Hand Grinder	हाथ की चक्की
8.	Camera	dSejk
9.	Pen	iSu
10.	Remote Controller	दरस्थू ननयोत्रक
11.	Stapler	क े रगानेवाराडीयोत्र
12.	Screwdriver	lkspdl
13.	Press (iron)	bL+=h
14.	Shovel	QkoMk
15.	Vacuum Cleaner	वैक्यूमसपाई उनकरण
16.	Ear Phone	कान पोन
17.	Lighter	राइटर
18.	Wiper	नोंचा
19.	Tooth Brush	दूथब्रश
20.	Comb	da?kk
21.	Nail Cutter	Ukk[kqu dkVus dk
22.	Hair Drier	Ckky lq[kkus dk
23.	Hair pin	Ckkyks esa yxkus
24.	Lock Key	PkWch
25.	Matches	Ekkfpl
26.	Ball	Xksan
27.	Tweezers	NksVh fpeVh
28.	Sewing Needle	lqbZ /kkxk

Uses of Common Tools: Is Affordance a Base?

Sr. No	Tool Name	
29.	Ear brush	कान ब्रश
30.	Locking Pliers	नचमटा तारा रगा
31.	Bar-shear	फार - कतरनी
32.	Clamp	dkaV/k
33.	Loon	diMs cquus dh e"kh
34.	Razor	jstj
35.	Compass	fndlw/pd
36.	Spade	dqnkyh
37.	Axe	dqYgkMh
38.	Gauge	Xkksyph
39.	Holder	gksYMj
40.	Paper Cutter	कागज काटनेका योत्र
41.	Bolt Cutter	lykl
42.	Chalk	pkWd
43.	Wire	Rkkj
44.	Rope	jLlh
45.	Tag	dkVsnkj rkj
46.	Oven	rUnwj
47.	Brush	czq" k
48.	Battle	cksry
49.	Pestle	Ekqlyh
50.	Stick	NMh
51.	Blade	CysM
52.	Clock	?kMh
53.	I-Pad	आई पैड
54.	Sharpener	तेजकरनेवाड़ा
55.	Pencil	iSfUly
56.	Rubber(Eraser)	नरखावट नमटानेका रफर
57.	Tester	टेस्टर
58.	Dagger	Nqjk
59.	Cold Caini	Nsuh

Uses of Common Tools: Is Affordance a Base?

Sr. No	Tool Name	
60.	Stone Chisel	Nsuh] Vkadh
62.	Balance	Rkktw
63.	Bagging Hook	njkrh
64.	Rasp	eksVh jsrh
65.	Sickle	njkrh
66.	Oar	lkrokj ¼MkaMk½
67.	Lancet	uLrj yxkus dk Nqjk
68.	Divider	lkjdkj
69.	Syringe	flafjt
70.	Screw	fMcjh] iasp
71.	Spade	QkoMk
72.	Cleat	[kwaVk] dks;yk
73.	Blowpipe	Qqdauh
74.	Auger	Nsn djus dk cjek
75.	Drill	Ckjeh
76.	Tape	Qhrk
77.	Bolt	flVduh
78.	Funnel	dhi
79.	Handle	gS.My
80.	Roller	csyu
81.	Hand Saw	vkjh
82.	Hack Saw	Ykksgs dkVus dh vkjh
83.	Circular Saw	वृतीयआरा
84.	Jig Saw	नतरा छोटा आरा जो मशीन सेचरता है
85.	Pipe-wrench	नाइज़ ररोच
86.	Torpedo-Level	टारनीडो स्तर
87.	Needle Nose Pliers	स ईजैसीनाक वारा प्वास
88.	Stripper	खार उधेड़नेवारा
89.	Draw Hoc	Dqnkyh
90.	Hand draw hoe	हाथ खींचनाक दार
91.	Hand Trowel	करणी

Uses of Common Tools: Is Affordance a Base?

Sr. No	Tool Name	
92.	Trug/Basket	टोकरी
93.	Lamp Scissors	रैंनसीज़सस
94.	Nail Scissors	नाखूनकाटनेकी कैं ची
95.	Button-Hole Scissors	फटन- होर कैं ची
96.	Tooling Plan	/kkjh jank
97.	Smoothing Plan	Ckkjhd jank
98.	Trying Plan	Ek>yk jank
99.	Jack Plan	jank
100.	Vice	laMklh
101.	Hand Vice	gkFkcad
102.	Needle Paint	fcajth
103.	Fishing -Rod	eNyh dkaVk
104.	Bellows	iEi
105.	Lever	Hkkjh rksyk n.M
106.	Pile	jsrh
107.	Anchor	Yakxj
108.	Hone	ekSgj
109.	Dibble	jaHkk
110.	Cone	yV~Vw
111.	Cleat	twrs ds Qhrs
112.	Spatulas	fipdkjh
113.	Lamp	ySEi
114.	Pincers	fpeVh
115.	Sieve	Nkyuh
116.	Broom	>kMw
117.	Inkpot	L;kgk nokr
118.	Chalk	pkWd
119.	Jar	जार
120.	Stove	pwYgk
121.	Stool	स्टूल
122.	Bodkin	मोटा स आ

Uses of Common Tools: Is Affordance a Base?

Sr. No	Tool Name	
123.	Ruler	Ldsy
124.	Quill pen	ia[k okyk iSu
125.	Spanner	gFkdY
126.	Mallet	jcM okyk gFkkSMk
127.	Plumbine	
128.	Rudder	lkrokj¼tgkt dk ia[k½
129.	Trying Angle	गोननयाँ
130.	Hand Cuff	gFkdMh
131.	Stencil	ननकूँ त
132.	Haft- Axe	dqygkMh
133.	Jack Knife	tsc esa j[kus okyk pkdw
134.	Ladle	cMk pEpp
135.	Laptop	रैनटॉन
136.	Keyboard	की फोडस
137.	Griddle	Rkok
138.	Funnel	dhi
139.	Tongs	fpEkVk
140.	Churner	e/kkuh
141.	Mug	MCck
142.	Kettle	DSryh
143.	Awl	स आ

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Role of Self-Concept and Emotional Maturity in Excessive Internet Usage

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ABSTRACT

The present study focuses on determining the difference among the levels of emotional maturity and self- concept of low, moderate and high users of internet. Two dimensions of emotional maturity have been studied in the research viz-a-viz Emotional Instability and Personality Disintegration.

For the purpose of the study, a sample of 100 participants were selected which consisted primarily of students between the age group of 17-24, considering the fact that an individual's personality has been shaped and the self-concept of individuals in this age group may/may-not be affected due to external variables.

After the data collection, the results showed that low internet users will have lower emotional instability, lower chances of personality disintegration and lower self-concept. Moderate users were seen to be having a positive correlation between Emotional instability and Personality Disintegration and negative correlation with respect to self- concept and High users of Internet were seen to be having Higher Emotional Instability, Lower personality Disintegration and Low self-concept.

Mean, Standard deviation and Pearson Product movement correlation was used to analyze data and bar graphs and line graphs were used to interpret data.

Keywords: *Emotional Maturity, Emotional Instability, Personality Disintegration, Self-Concept.*

In a recent advertisement that I viewed, a highly social girl had been portrayed who would get instant likes on any photo of hers that she would post. But after a few days she begins to notice that she was not receiving the attention that she previously used to get and starts feeling dejected

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and left out until a few people respond positively to her profile photo. Though this advertisement is that of a telecom company trying to sell their product, it does not escape one's sight as to what is being showcased in it.

Receiving approvals from peers has become the reality for the present generation. More so, getting approval/likes of others on social media has become a necessity for many.

A lot can be said by how to present yourself to the world. According to Ellison et al. (2009), "A photo of a man posing without a shirt on and another photo of the same man standing in front of the wall where his diplomas are displayed, function on many levels." Both pictures belong to the same individual but both of them convey a very different meaning. Ellison et al., 2006 in their study have also found out that people are generally very selective and careful while assigning a profile photo of themselves. They are very particular about the different poses in which they pose. Opinions of self and others are usually based some idea that a person has.

The issue of the perfect picture is also often translated into online dating platforms. Monica T. Whitty (2007) in her study found out that "people experimented with what photos and descriptions of themselves would be more successful at attracting others to their profile."

In her study, it was also found that people felt that having the perfect picture on a online website was the ultimate need, even above any other feature or characteristic of their profile.

It is important for today's generation to be known as 'Somebody' and not as 'One in many'.

Internet Addiction

Internet Addiction refers to any online related behavior that is pretty much compulsive in nature that hampers the day to day living of an individual. Such an excessive use of the internet would normally cause stress on family, friends etc and aggression. It is a compulsive behavior and use up most of the time in a person's life. Internet addiction is also called Internet Dependency. It is called so because the user becomes dependent on the internet in order to exist. In a priority list, Internet would always feature before family or for that matter of fact even himself.

Internet addiction can be measured in three categories namely

- Low internet users
- Moderate internet users
- High internet users

The level of addiction can be found by conducting a simple assessment by Dr. Kimberley Young.

Self- Concept

When we encounter a term such as Self- Concept, the first striking word in the term is 'Self'. Self concept consists of all components of the self. It is all that makes one believe in themselves.

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“Self-concept is made up of one's self-schemas, and interacts with self-esteem, self-knowledge, and the social self to form the self as whole.” Carl Rogers and Abraham Maslow were the first psychologists to coin the term Self-Concept. Rogers believed that everyone dreamed of the ideal-self. Individual's use self assessments in order to make a mark of their own schemas. A negative self concept often leads to identity crises because with time the self schemas are often reassessed and reevaluated.

Emotional Maturity:

Emotional maturity defined as, “A process in which the personality is continually striving for greater sense of emotional health, both intra-psychically and intra- personally”.

“Emotional maturity is the refined and development ability to understand and use one's emotions in personally controlled ways.”

Alexander Magoun

Adolescents in the present time generally find it difficult to detach themselves emotionally from the world online. Is the reason behind it the fact that they are emotionally immature and don't know how to disconnect themselves. Why is it that young adults find it difficult to spend a day without checking their internet status? What is it that they are afraid of?

Yes, Emotional Maturity is something that may come with age, but is it not possible that it may be cultivated and developed in a person!

REVIEW OF LITERATURE

In a study by **Anderson and McCabe(2012)** conducted on young and older adolescents, it was found that the internet can be used as a medium through which one could interact and also a medium which could be used in order to socialize with others. According to the study, development of an individual's identity also takes place. The authors believe that even if the internet helps develop the socializing behavior of an individual, lying and deception would always result in risky behavior.

It is always beneficial for those who have a low self esteem to express themselves freely in such sites without a fear of being judged by others. **Frost and wood (2012)** examined this very idea in their three studies. It was found that people with low self esteem found it comfortable to express themselves but, other individuals were not very welcoming of this fact due to the high negativity and low positivity of the former's posts.

Krämer, Nicole C.; Winter, Stephan (2012) conducted n exploratory study which tried to analyze the relationship between the offline personality of an individual and the online presentation of the individual's personality. The sample of the survey was 58. It was seen that the self efficacy of the individual was directly proportional to the number of virtual friends, the

display picture or even the information being displayed about them. Although there was no significant change in the individual's level of self esteem, slight hints of extraversion were noticed.

Gonzales and Hancock (2011) in the article "Mirror, Mirror on my Facebook Wall: Effects of Exposure to Facebook on Self-Esteem", revealed that as opposed to previously conducted studies on objective self awareness, viewing one's profile would actually increase an individual's self esteem and not spiral is downward. It was also shown that people who constantly check their profiles and often change it or edit it also have a high self esteem and not the other way around.

Face to Face communications have been surpassed by internet ways of communication and it is definitely more popular than the former presently. **Kujath (2011)** in his study suggested that online forms of communication were not overshadowing the traditional forms of communication but just were an extension of it. With 183 subjects the aim was to find out the use of these social networking sites. It was found that these were indeed acting as an extended form of the traditional form, though it was found that some students use more time in the modern way.

A study by **Luo (2010)** examining the social networking sites as a whole was conducted. The main aim of this study was to get an estimate of its level of popularity. The result showed that these socializing websites were where students would spend time. It was seen that these social websites were the second most popular destination for their peer socializing circle. They also considered it a useful way to spend their time.

A similar study conducted by Baker and White (2010) which aimed at studying the influences on the adolescents use of the technology. It basically studied an extension of the planned behavior model and the study incorporated additional group norms and self esteem influences. This was basically done to monitor the use of the social networking sites. This study was done in a time of one week and was a comparative one. The study helped in finding certain factors that influenced the use of the sites.

METHODOLOGY

Aim

- To establish the relationship between the role of self-concept and emotional maturity in excessive internet use.

Objectives

1. To examine the relationship between self concept of an individual and level of internet use.
2. To examine emotional instability and personality disintegration as parts of emotional maturity and its relationship to Excessive Internet Usage.

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3. To examine emotional instability and personality disintegration as parts of emotional maturity and its relationship to Moderate Internet Usage.
4. To examine emotional instability and personality disintegration as parts of emotional maturity and its relationship to Low Internet Usage.

Hypothesis

1. Excessive Internet users would have a lower and negative self-concept.
2. Excessive usage of the Internet would lead to higher emotional instability.
3. Excessive Internet Usage would lead to higher personality disintegration.
4. Low Internet users would have Lower emotional instability and lower personality disintegration.
5. Low Internet users would not have a negative self-concept.

Locale Of The Study

The data was collected in the form of online versions of the selected tools. Respondents belonged to various colleges such as Amity University Noida, Delhi University, IMT-Nagpur, Lancer's Convent School, Maharaja Agrasen Model School, Ryan international School.

Participants

The total numbers of participants used for this study were 100 participants of young adults between the ages of 17-24 divided into groups of three as

- High Internet Users
- Moderate Internet Users
- Low Internet Users

Research Design

A comparative study on the lines of ex post facto research design is used as the study is concerned with finding out whether variables are associated with each other, if there is any difference between them or not.

Ex-Post facto design is a non-experimental research technique in which pre existing groups are compared on some dependent variable.

Internet usage	Self-Concept	Emotional Instability	Personality Disintegration
High/Moderate/Low (COMBINED TOTAL)	100	100	100

Exclusion and Inclusion criteria-

Inclusion Criteria- This study would comprise of a sample of school and college students from 17-24 years.

Exclusion Criteria- People conducting their business via phone and internet are excluded in this study.

Instrumentation

The present study is divided into three quantitative studies namely:

Name Of The Tool	Year Of Publishing	Name Of The Author	Tool Description
Self-Concept Questionnaire	1992	Dr. Raj Kumar Saraswat	48 items 5 likert scale
Emotional Maturity Scale	1990	Dr. Yashvir Singh and Dr. Mahesh Bhargava	48 items 5 likert scale
Internet Addiction Test	1994	Dr. Kimberly Young	20 items 5 likert scale

Procedure

The tools after selection were distributed in person to school and college students between the ages of 17-24. The instructions for filling the questionnaire were clearly given and no time limit was given. The participants were informed that there was no correct or wrong answer and that they have to mark according to what suits them best. The data once collected was scored according to the prescription of the manual and data was interpreted using statistical techniques such as Mean, Standard Deviation (SD) and Pearson Product Movement Correlation (CORREL).

RESULTS AND DISCUSSION

Table 1: Shows The Low Level Of Internet Usage Among Individuals And The Mean And SD Of Emotional Instability, Personality Disintegration And Self-Concept

Internet usage	Low Internet Usage	Emotional Instability	Personality Disintegration	Self-Concept
Mean	33.93	25.08	22.04	165.72
Standard Deviation	8.61	7.01	6.99	15.85

Table 2: Shows The Moderate Level Of Internet Usage Among Individuals And The Mean And SD Of Emotional Instability, Personality Disintegration And Self-Concept

Internet usage	Moderate Internet Usage	Emotional Instability	Personality Disintegration	Self-Concept
Mean	60.54	29.18	29.44	158.81
Standard Deviation	10.08	7.85	8.76	21.58

Table 3: Shows The High Level Of Internet Usage Among Individuals And The Mean And SD Of Emotional Instability, Personality Disintegration And Self-Concept

Internet usage	High Internet Usage	Emotional Instability	Personality Disintegration	Self-Concept
Mean	85.5	33.75	32.80	139.25
Standard Deviation	3.69	6.07	7.04	23.64

Table 4: Shows The Correlation Values Of Low Internet Usage Scores With Respect To Emotional Instability, Personality Disintegration And Self-Concept

Internet usage	Emotional Instability	Personality Disintegration	Self-Concept
LOW	0.14	0.31	0.20

Table 5: Shows The Correlation Values Of Moderate Internet Usage Scores With Respect To Emotional Instability, Personality Disintegration And Self-Concept

Internet usage	Emotional Instability	Personality Disintegration	Self-Concept
MODERATE	0.27	0.29	-0.43

Table 6: Shows The Correlation Values Of High Internet Usage Scores With Respect To Emotional Instability, Personality Disintegration And Self-Concept

Internet usage	Emotional Instability	Personality Disintegration	Self-Concept
HIGH	0.40	-0.90	-0.90

The assumed hypothesis of the study was that Excessive users of internet would have a lower self concept and that people who use internet excessively would have higher emotional instability and higher levels of personality disintegration. It was also hypothesized that low internet users would have lower emotional instability and lower chances of personality disintegration but on the other hand would have a high self-concept.

Low Internet Users are those people who do not engage in being on the internet for a regular period and are not addicted to the internet in anyway. They believe in interacting with the real world rather than being a part of the virtual realm. They do not stay on-line longer than they intend to, there are little chances that the household chores would be neglected they do not engage in relationships that are formed online; neither does their work suffer with the amount of time they spend on the internet. These individuals prefer to spend their time with people rather than spending time over the internet. Moderate Internet users are those who may or may-not

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prefer to spend time online. It may depend on their mood and from individual to individual regarding their preferred source of entertainment. These people even though may happen to spend a considerable amount of time over the internet may not be feeling low and depressed. It solely is based on individual differences and choices that they make. High Internet Users on the other hand often stay longer on the internet than they intend to. Detaching themselves from the virtual world may seem like a task. They would rather form close relationships over the net than go out and spend time with actual people. Their work life is often disturbed due to their love for being online. These people often end up feeling low and do not feel like owing anything else besides living in their own world.

According to Table 4, 5 and 6; the correlation scores of each of the three variables can be seen for low, moderate and high internet users.

It was seen that there was positive correlation between internet usage and emotional instability. The correlation score for low internet usage was seen to be 0.14. It meant that lower the level of internet use, lower would be the level of emotional instability. The correlation score between moderate internet usage and emotional instability was seen to be 0.27. This meant that people who fell in this category maybe prone to going through emotional instability. With moderate internet usage, Emotional instability would be moderate and it would depend on individual choices and individual differences. The correlation value between high internet users and emotional instability was seen to be 0.40 which signifies that it these two variables are positively correlated with each other. Higher the level of internet usage, higher would be the emotional instability.

Kalia K. and Anita (2013) conducted a research on influence of internet use on emotional maturity and social competence. The study was conducted on 496 internet users. It was found out that there is a significant influence of emotional maturity and general well being.

There was positive a correlation score between Low Internet Usage and Personality disintegration. The score was 0.31 which means that lower the internet usage, Lower would be the levels of personality disintegration.

A positive correlation was also seen among moderate users of internet and their level of personality disintegration. The r score came out to be 0.29 which meant that these users were prone to disintegration of personality.

For the high users of internet, it was hypothesized that personality disintegration would be more in their case and a positive correlation would have proved it, but in my study, the personality disintegration correlation score is -0.90. This means that even for high internet users the personality disintegration would not happen. This can be due to two things, either the data collected for high users was insufficient from a sample size of 100 or the individuals are beyond

the level of disintegration and are so much into spending time online that nothing seems to affect them at all.

The correlation scores between a person who is a low user of internet and their self-concept came out to be a positive 0.20 score. According to the hypothesis, Low internet users should have a higher self-concept and the results should have yielded a negative correlation. But since the correlation is a positive one and it suggests that low internet users would have a lower self concept, it is possible for such a result to occur due to the age group of students that the sample consisted off. 18-24 is the age when individuals might be trying to establish an identity for themselves. Though the reason for this low score is unknown, it might be attributed to the different styles of upbringing that an individual goes through. The correlation scores between moderate internet users and self-concept and high internet users and self-concept are -0.43 and -0.90 respectively. This meant that individuals who spent more time online have a negative self concept.

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A Review of Emotional Intelligence on Self Esteem: It's Impact on Adolescents Stage

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ABSTRACT

Emotional Intelligence (EI) is considered to be a very powerful tool to students to manage relationships of Emotional Intelligence & Self Esteem. Self esteem as an affective phenomenon which is considered as a feeling or emotions. This brings us to the conclusion that a child's self esteem should, maintain a balance between the low and high self esteem. Adolescent means the period of life from puberty to the completion of physical growth. Adolescence period leads to social, emotional, vocational, physical, disorders or consequences. Caruso Emotional Intelligence Test- Youth Research Version (2002). Researcher had finding that there is correlation between EI & SE is central factor and that is based to the people social and emotional compatibility. Social self-esteem, family self- behavior, and moral self-behavior dimensions than male students, but higher on physical self-esteem.

Keywords: *Emotional Intelligence-EI, Self-Esteem-SE, Adolescent.*

Emotional Intelligence may be defined as a capacity or ability to recognize, differentiate feeling, excitement, emotion and their coordinate and management in self and in others. Emotion play an important role in developing a human personality and, EI is something that varies from person to person and also according to the age. The most painful part of human life is the loss of childhood and innocence it carries when the one enters to the development challenges of adolescence. This is the stage when one carries himself forward with EI and knowledge gained from the society and parents. During this period biological changes usually starts but the individual still lost in search of his personal identity which may lead him to several ups and downs. Continuous pressure due to over expectations from parents and society may create various negative emotions which is harmful for his development .With so many changes-biological, social and emotional, it is obvious that a normal human being may behave strangely either in a positive manner or negative that depends on the EI he carries. Hence in a broad sense , EI reflects the emotional, personal and social dimension of intelligence of an individual that

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makes the daily function easier. Various researchers have their own view on Emotional Intelligence. For some it can be learned and strengthened whereas for others it is the way of being smart. It reflects the ability of an individual to understand and discriminate his own feelings and emotions with those of others that ultimately allows him to manipulate the conditions and treat them wisely.

EI allows him to recognize his own self esteem and to work in the field of strengthening it. Hence clearly EI and Self Esteem are correlated. Along with this there are various personality traits that are correlated with emotional intelligence like boldness, enthusiasm, excitability, leadership and maturity. Good emotional intelligence leads a person to the high interpersonal skills, stress management and general mood skills. This also varies according to the gender. Both boys and girls have their own need and requirement and differ psychologically and emotionally that makes them to react differently to different situations.

According to the various researches, females are more emotionally sensitive than the males that make them suitable for the care giving task. Emotional Intelligence builds five key skills:

1. It is the ability to reduce stress.
2. It is the ability to understand and manage emotions and feelings
3. It is the ability to connect with people without any verbal communication.
4. It is the ability to conquer the challenges with humor and fun.
5. It is the ability to resolves issues and conflicts positively and confidently.

Some studies were found a negative correlation between interpersonal and interpersonal intelligence, logical/mathematical intelligence is negatively correlated with interpersonal intelligence. According to psychologists It is found that for success in future there is a need of EI 80% while 20% of IQ. Emotional Intelligence is also ability to adjustment with environment.

Adolescence-

The stage of 13 to 19 years transformation crosses for childhood to adolescent. The Adolescence period can be divide into early, middle and later phase. Adolescence is a critical and dangerous period in a person's life. During this period many biological and behavioral changes take place. Important process of change need occur within adolescents if these challenges are to be confronted adoptability and with success. Adolescence is also an age of identity crisis. It is a period of heavy stress and storm. If the adolescence are not able to control and confront the situation or the critical face. Morgan, King, Weisz and Schopler (2002) "adolescent means the period of life from puberty to the completion of physical growth." Adolescence period leads to social, emotional, vocational, physical, disorders or consequences. There is a degree of confront ability among the adolescent .Some have better coping strategies than others . Emotional Intelligence is a group if emotional abilities that helps in building and regulating the emotions for better performance leading to the success.

Self Esteem-

Self Esteem is derived from Greek word, means “Reverence for self “. Self Esteem reflects the overall subjective evaluation of his own worth. Or we can say it is the attitude and judgment towards the self. Self Esteem plays a vital role to be a well adjusted and high functioning adult. It highly depends on how an individual is treated by their parents and society. This in turn plays a crucial role in academic success of the person. William James (1890) described self esteem as a affective phenomenon i.e. . it is considered as a feeling or emotions. He explained it is a dynamic process affected by successes and failure and thus open to enhancement. According to Maslow (1970) the self esteem entails confidence, mastery, achievement, independence and freedom. Tesser (2000) has stated that “Self Esteem is a global evaluation reflecting our view of our accomplishments and capabilities our values and our possessions.

On one hand if good self esteem makes a person confident and socially healthy, alternately low self esteem links the person to emotional instability and anti social behavior. This ultimately results to poor academic performance and depression breaking the self confidence. Such people are a danger to them and leave a negative impact. High self esteem poses a danger to the society instead of themselves as they are prone to indulge themselves in behavior with negative effects on others. This brings us to the conclusion that a child's self esteem should, maintain a balance between the low and high self esteem in order to ensure their emotional intelligence and to integrate well with the society.

REVIEW OF LITERATURE

Emotional Intelligence-EI

Mayer & Princes (2004) also showed with a series of studies that emotional intelligence increased with age and experience which qualifies it as an ability rather than a personality trait. The investigated the role of trait emotional intelligence in academic performance and in deviant behavior at school on a sample of 650 pupils in British secondary education (Mean Age = 16.5 Yr). Trait EI moderated the relationship between cognitive ability and performance. In addition, pupils with high trait EI scores were less likely to have had unauthorized absences and less likely to have been excluded from school. It was concluded that the constellation of emotion-related self-perceived abilities and disposition that the construct of trait EI encompasses is implicated in academic performance and deviant behavior, with effects that are particularly relevant to vulnerable or disadvantaged adolescents.

Bay and Lim (2006) had examined the relationship between the seven variables of Gardner's (1983) theory of multiple intelligences and the four components of the emotional intelligence construct. Three hundred sixty upper primary school students (age range 10-11 years) completed the Teele Inventory of Multiple Intelligences, Teele (1995) and the Mayer- Salovey-Caruso Emotional Intelligence Test- Youth Research Version (Mayer, Salovey and Caruso, 2002). Results found a negative correlation between interpersonal and interpersonal intelligence, logical/mathematical intelligence is negatively correlated with interpersonal intelligence, and no

relationship was found between a student's interpersonal intelligence and their total emotional intelligence quotient.

Ajawani (2008). A final sample of 120 students with high emotional intelligence and 120 students with low emotional intelligence were selected randomly after administering emotional intelligence test on a larger population selection studying in 11th class. The selection of high and low emotional intelligent subjects was based on Q1 and Q3 statistics. A syllogistic reasoning problem solving ability test was administered to assess subjects syllogistic reasoning problem solving ability.

Another study examining the influence of emotional intelligence on academic self-efficacy and achievement was reported by Dey (2009), among 150 undergraduate students (age= 18-20 years). The result demonstrated that emotional intelligence and academic self-efficacy significantly correlated with academic achievement. On the basis of findings, it was suggested that emotional intelligence should be integrated into undergraduate curriculum.

Self Esteem-SE

A research done by Mullis and Chapman (2000) on association among gender, age, self-esteem and found that adolescents having high self- esteem focused on problem solving and emotion focused strategy was used by those adolescents having low self-esteem.

Zyoudi (2005) investigated whether there were differences in self- esteem among adolescents with low vision due to gender. The sample population consisted of (23) adolescents, (10 males and 13 females) aged 12-17 years in the first year of secondary school. Female students scored lower on social self-esteem, family self- behavior, and moral self-behavior dimensions than male students, but higher on physical self-esteem.

Sud and Sethi (2008) examined the interrelationship between state anxiety, trait anxiety, test anxiety, stress, negative mood regulation, achievement motivation and self-esteem of adolescent female students. The result reveals that there was a significant interrelationship between the state anxiety, trait anxiety, test anxiety, stress, negative mood regulation and self-esteem. However no interrelationship was seen between the achievement motivation and the other variables.

Bhardwaj and Agrawal (2013) studied the self-esteem of the pre- adolescent children and to see the gender differences between males and females in that early age. One hundred students (50 males and 50 females), with ages between 9 and 12 years were selected. All of them were students who were studying in fifth to seven standard in a school in the North India. Data of male and female students was compared by unpaired t-test. Significant differences were not found in social, academic and parental self-esteem, but when data of male participants were compared with the female participants the general self-esteem of females was found to be higher than males ($p < 0.05$).

Final conclusion of this paper researcher has find out that there was not any gender differences in the overall self-esteem in the pre-adolescence stage.

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Treatment of Drug Addicts by Psychoastrotherapy

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ABSTRACT

The aim of the present study ascertaining the personality characteristics of treated and non-treated drug addicts, using Hindi version of the Middlesex Hospital Questionnaire and Death Anxiety Scale. 100 subjects were taken for this study out of this 50 treated and 50 non-treated drug addicts were evaluated at S.I. Mental and Physical Health Society "SIMPHS", Varanasi, district in India. Psycho-astrotherapy was given to those groups who attend the Centre for treatment. These groups were matched on the variables of age range 18-35 years with a mean age of 21.01 years. Addiction period ranged from two year to six years. The finding reveals that characteristics associated with non-treated drug addicts are anxiety, obsession, phobia, somatization, depression and hysteria, and death anxiety.

Keywords: *Treatment, Drug, Psychoastrotherapy*

Researchers have reported that drug addicts could be differentiated from non addicts on various personality profiles (Lodhi, 1993; Chawla et al. 1990, Doherty & Mathews 1988, Blaszczyński et al. 1985, Kosten 1983 and Sharma & Sharma; 2002). antisocial personality (Darke et al. 1994), alienation (Taha, 1994), expression (Moro et al. 1981), suspiciousness (Udhe et al. 1982), death anxiety (Maqbool S. 1991), anxiety (Kosten et al. 1986), aggression (Green et al. 1986), depression (Walfish et al. 1990), hysteria (Marsh et al. 1988) and somatic distress (Craig & Olson, 1990). Effect of group behaviour on personality differences among drug addicts have also shown in a number of studies (e.g. Anglin et al. 1998; Roszell, 1987; Craig, 1979; Craig & Olson; 1988, Sharma; 2005 and Sharma & Sharma; 2008).

Behavioural scientists also have reported that drug addicts could be differentiated from none addicts/treated addicts on various personality profiles. Sharma & Thakur (1989) for example, compared drug addicts and non addicts using Mithila Mental Health Status Inventory and found that drug addicts group having significantly higher scores on alienation, emotional instability and social non conformity Psychopathic Deviate and Depression Scale scores has been

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consistently found in heroin addict, alcoholics, criminals and shoplifters (Beck & McIntyre, 1977).

Researches on mental health in drug addicts are quite similar (Giannini et al. 1985, Sharma & Sharma, 2003 and 2007). These studies have utilized male drug addicts. The present study also attempts to clarify that male treated heroin addicts are lower on anxiety, obsession, phobia, somatization, depression, and hysteria.

Group therapy

Group therapy is a type of psychotherapy that involves one or more therapists working with several people at the same time. This type of therapy is widely available at a variety of locations, including private therapeutic practices, hospitals, mental health clinics and community centers. Group therapy is sometimes used alone, but it is also commonly integrated into a comprehensive treatment plan that also includes individual therapy and medication.

In *The Theory and Practice of Group Psychotherapy*, Irvin D. Yalom outlines the key therapeutic principles that have been derived from self-reports from individuals who have been involved in the group therapy process (Yalom and Lesczc 2005).

Procedure

Groups can be as small as three or four people, but group therapy sessions generally involve around seven to twelve individuals (although it is possible to have more participants). The group typically meets once or twice each week for an hour or two.

According to Oded Manor the minimum number of group therapy sessions is usually around six, but a full year of sessions is more common (Manor, 1994). Manor also notes that these sessions may either be open or closed. In open sessions, new participants are welcome to join at any time. In a closed group, only a core group of members are invited to participate.

So what does a typical group therapy session look like? In many cases, the group will meet in a room where the chairs are arranged in a large circle so that each member can see every other person in the group (Manor, 1994). A session might begin with each member of the group introducing themselves and sharing why they are in group therapy, or members might share their experiences and progress since the last meeting.

The specific manner in which the session is conducted depends largely on the goals of the group and the style of the therapist. Some therapists might encourage a more free-form style of dialogue, where each member participates as he or she sees fit. Other therapists might have a specific plan for each session that might include having clients practice new skills with other members of the group.

Astrotherapy:

Astrology is a combination of science and metaphysics. To make a map and erect a horoscope from the birth particulars is a scientific process requiring considerable expertise, skill and application.

As we know that planets directly effect on our body and mind, and the water plays an important role to balance in human body, which was influenced by the moon. This water- balance, on the other hand, controls our body and mind. Similarly many ailments are caused by the adverse planetary impact on the moon, e.g., influenza, chronic coughs and colds, bronchitis, tuberculosis, asthma, nervous tensions, gout, sciatica, etc. A weak moon in a birth chart can also create lunatics. An adverse or weak moon causes psychological- disorders and it has been observed that the problems of psychic patients are accentuated on new moon days and full moon days. The astro-sciences, like a clinical psychologist, guide you. Say, if your birth charts has been correctly drawn and carefully analyzed and interpreted. It can fairly reveal what would be your basic characteristics, likes and dislikes marital harmony or discord, your level of intellect and many such related matters including love life, professional achievements, honours and distinctions. A systematic study of astro-science goes a long way in getting the best out of one's life and helping one to sail through turbulent times.

Psychoastrotherapy:

Combination of psychotherapy and astrotherapy is known as psychoastrotherapy. Psychoastrotherapy is a new technique which has been developed for the treatment of mental patients. The position of planets in horoscope plays an important role to the origin of mental sickness. So, knowledge of astrology is must for any clinical psychologist besides psychotherapy. At present era science has proved that planets are directly/indirectly effect on human's body and mind. After the analysis of horoscope and the position of planets appropriate suitable stones and Indian Vedic Mantra as well as psychotherapy were used for the treatment of mental patients (Sharma and Sharma, 2013)

METHOD

Sample:

50 treated and 50 non-treated drug addicts were evaluated at S.I. Mental and Physical Health Society (SIMPHS) and Drug De-addiction Center, Varanasi, India. The age group was 18 to 35 years with a mean age of 21.01 years. The sample was incidental random one, addiction period ranged from three to six years. They were treated by expert psycho-astrotherapist. Non-treated subjects were included in this study those had not taken any type of treatment and they attend first time to the center. Middlesex Hospital Questionnaire (Baht & Srivastava, 1973) and Thakur & Thakur 1985).

RESULTS AND DISCUSSION:

With a view to comparing mean scores of treated and non-treated drug addicts on mental health were analyses using 't'-test of significance. Results are presented in the following table-1-2.

Scores obtained by the two groups on anxiety, obsession, phobia, somatization, depression and hysteria were analyzed using 't'-test of significance and results are shown in the following table No.1

Table-1, Comparison of treated and non-treated drug addicts on anxiety, obsession, phobia, somatization, depression and hysteria variables.

Variables/ Questionnaire	Treated drug addicts		Non-treated drug addicts		't'-value	df.	p.
	M	SD	M	SD			
Anxiety	2.18	1.01	3.99	1.05	8.82	98	.01
Obsession	4.92	1.35	6.41	1.13	6.00	98	.01
Phobia	5.01	1.01	4.41	1.07	2.88	98	.01
Somatization	4.73	1.11	6.04	1.19	5.69	98	.01
Depression	4.83	1.07	5.93	1.23	4.65	98	.01
Hysteria	4.33	1.30	5.23	1.26	3.51	98	.01
Mental Health (MHQ)	26.00	6.85	32.01	6.93	4.36	98	.01

It is obvious from the above table that mean value of treated and non-treated drug addicts do differ significantly on six variables i.e. anxiety, obsession, phobia, somatization, depression and hysteria. The treated group of drug addicts has lower mean value on anxiety, obsession, somatization, depression, phobia and hysteria variables and total mental health. Roszell (1987), Cernovsky (1986) and Viney (1985) found in their study that drug addicts had scored higher on anxiety, and depression than the non addicts. Wurmser (1987), Walfish et al. (1990), Craig et al. (1990), Montoya et al. (1994), Marsh et al. (1988) and Sharma & Sharma (2007) have reported in their study that non treated drug addicts were associated with phobia, anxiety, somatic distress, depression, hysteria in comparison to the treated drug addicts.

This finding is quite similar to the previous study of Sharma and Sharma (2007) that non-treated drug addicts do have significantly higher on anxiety, obsession, somatization, depression, hysteria.

Table-2, Table no. 2: Comparison of treated and non-treated drug addicts on death-anxiety

Scale	Treated Drug addicts		Non-treated Drug addicts		‘t’-value	df.	p.
	M	SD	M	SD			
Death -anxiety	49.00	4.10	55.3	3.99		98	.01

A perusal of table no. 2 that treated drug addicts have scored lower on death anxiety than the non-treated drug addicts and this difference was significance at or beyond .01 level of confidence. This result indicates that treated drug addicts have lower range of death-anxiety in comparison to the non-treated drug addicts. Such person would not meet people easily, would not feel comfortable with strangers and would experience sever stage fright. Such people might have serious interpersonal disturbance in the adjustment patterns. The present study is quite similar to the previous findings of Maqbool (1991) revealed in his study on the same scale that non-treated drug addicts have significantly higher mean value in comparison to the drug addicts.

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Self-Esteem and Personality Traits as Predictors of Mental Well Being

Bindu Kumari^{1*}, Rajnee Sharma²

ABSTRACT

Mental Well-Being is an integral part of good mental health and indicator of the ability of the individuals to cope up with daily stresses and work productively. Many predisposed and acquired factors influence the Mental Well-Being of an individual. The present study investigated the Self- Esteem and Personality traits as the predictors of mental well being. The results indicated that Neuroticism, Extraversion and Openness to experience came out as significant predictors of Mental Well-Being.

Keywords: *Self esteem, Personality, Mental Well Being.*

Mental well being refers to the ability of an individual to cope up with daily stresses and work productively (WHO, Helinski, 2005). Self related health, subjective health complaints and life satisfaction are the indicators of mental well-being (WHO, HBSC, 2007). Adolescents and young adults undergo considerable changes during puberty. A good sense of Mental Well Being will improve their social relationships, problem solving skills and develop a sense of purpose in them (Olweus, 1994). Many studies provide evidences for the relationship between self esteem, personality traits and well being. The opinion and judgment an individual makes about him/ herself also has an impact on his/ her Mental Well-Being. The positive self esteem, internal standards and aspirations are the active contributors for well being (Glick & Zigler, 1992). Self esteem and dispositional optimism were found to be related with subjective well being (Lucas et al. 1996). Tudor (1996) investigated and found self identity; self concept and self esteem are the basic elements of mental health. Self esteem has been found the key predictor of happiness (Furnham & Cheng, 2000). Zimmerman (2000) investigated that the share of variance of self esteem in both Mental Well Being and happiness is significant. The development and understanding of self esteem, its outcomes and its active promotion and protection is very much necessary for improving mental and physical health (Mann, Hosman, Schaalma & de Varies, 2004). Self esteem and optimism also have both main as well as moderating effects on well-

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being although these are gender specific effects. The low self esteem and optimism negatively effects emotional exhaustion and mental distress among male employees and for females, optimism moderated the relation between work pressure, job insecurity and organizational climate on mental distress (Makikangas & Kinnunen, 2003). The personality dispositions such as Extraversion, Neuroticism and Self-esteem can influence the level of Subjective well being markedly (Diener, Oishi & Lucas, 2003). Mental well being is influenced by the dispositional and acquired factors and various studies provide evidence in support of this. The relationship between Big Five Personality traits and Subjective well being was examined and it was found that extraversion and Neuroticism have been linked with Subjective well being (Costa & McCrae, 1980). DeNeve & Copper (1998) stated that focusing on few Personality traits may lead to the oversimplifications of association patterns of Personality traits and Subjective well being. It was reported that about .20 correlation of agreeableness and conscientiousness with Subjective well being measures. The Subjective well being has moderate correlation with a number of narrow personality traits such as Hardiness, Locus of control, Repressive defensiveness, trust and desire to control. The correlation of Extraversion with pleasant effect was found to be .38 at zero order level in a Meta analytical review (Lucas & Fujita, 2000). The Mental well being is also associated with physical & social factors in the environment. The sense of overcrowding in home, fear of crime, neighbours voice, escape facilities such as green spaces and community facilities are also important factors linked with Mental Well Being showing its connection with physical and social environment (Guite, Clark & Ackrill, 2006).

The present study aims to find out the relationship between Self esteem, Personality and Mental Well Being. Personality traits play a significant role in determining why certain people are more happy and satisfied with their lives. Self esteem is a crucial, protective and non specific risk factor of mental and physical health. The dynamics of self esteem and Personality may emerge as significant predictors of Mental well being in adolescents and young adult girls areas of Haryana. It is important to understand the predictive value of Self Esteem & Personality so that they can be considered as core elements of Mental well being promotion.

OBJECTIVE OF THE STUDY

1. To examine the predictive value of big five Personality Traits for Mental Well Being.
2. To examine the predictive value of Self-esteem for Mental Well Being.

Hypothesis

1. There is significant predictive value of big five Personality traits for mental well being.
2. There is significant predictive value of Self-esteem for mental well being.

METHOD

Sample

Purposive sampling was done for the fulfillment of purpose of study. A total of 107 undergraduate students whose age range between 16-20 years from Hindu Girls College, Sonapat

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served as sample for the study. Questionnaires were distributed to 150 students in college and 43 were discarded because of incomplete questionnaires.

Instruments

The Self Esteem Inventory by Virk & Chauhan (2003) having 20 items was used for assessing Self Esteem. It is a self report method and subject has to tick on boxes against yes or no responses.

The Big Five Factor (Dimensions) of Personality Inventory by Goldberg, 1993 having 44 items. The items were rated on a five point scale.

The Warwick Edinburgh Mental Well-Being Scale abbreviated as WEMWBS by NHS Scotland, University of Warwick and University of Edinburgh, 2006 having 20 items. The items were rated on five point scale and subject has to describe the experience of each over the last two weeks.

ANALYSIS

Regression analysis was used to examine the predictive value of Self-esteem and personality traits for mental well being.

Table 1: Correlation Coefficients for self esteem, personality traits and mental well being

Variables	Mental Well being	Extraversion	Agreeable-ness	Conscientious-ness	Neuroticism	Openness	Self esteem
Mental well being	1.0	-.086	.020	.141**	-.460**	.365**	.144**
Extraversion	-.086	1.000	.209**	.245**	-.171*	.009	.060
Agreeableness	.020	.209**	1.000	.382**	-.019	.107	.192*
Conscientiousness	.141**	.245**	.382**	1.000	-.176*	.116	.293**
Neuroticism	-.460**	-.171*	-.019	-.176*	1.000	-.122	-.099
Openness	.365**	.009	.107	.116	-.122	1.000	.107
Self esteem	.144**	.060	.192*	.293**	-.099	.107	1.000

** . Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

The table one illustrates a strong positive relationship between Conscientiousness, Openness to Experience and Self-Esteem with Mental Well Being. However, Neuroticism has a significant

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negative relation with Mental Well Being. The results depict that Extraversion and Agreeableness have no significant correlation with Mental Well Being. Agreeableness and Conscientiousness have significantly positive relation with Self-Esteem whereas no significant relation between Neuroticism, Extraversion, Openness to Experience and Self-Esteem was found. Extraversion was found to have significantly positive association with Agreeableness and Conscientiousness and negative association with neuroticism. Extraversion is not significantly related to Openness to Experience. Agreeableness has strong positive association with Extraversion and Conscientiousness. Conscientiousness depicted significant positive relation with Extraversion and Agreeableness and significant negative with Neuroticism and vice versa. Openness to Experience was found to have no significant relationship with other personality traits.

Table 2: Model Summaries of Mental wellbeing

Model	R	(R) ²	Adjusted (R) ²	Std. Error of the Estimate	Change Statistics					Durbin – Watson
					(R) ² Change	F Change	df 1	df 2	Sig. F Change	
1	.460a	.211	.204	6.811	.211	28.138	1	105	.000	2.145
2	.555b	.308	.295	6.411	.097	14.519	1	104	.000	
3	.578c	.335	.315	6.317	.027	4.117	1	103	.045	

a. Predictors: (Constant), Neuroticism

b. Predictors: (Constant), Neuroticism, Openness to experience

c. Predictors: (Constant), Neuroticism, Openness to experience, Extraversion

d. Dependent Variable: Mental Wellbeing

Table two depicts three models for prediction of Mental Well Being. Model one indicates Neuroticism as predictor of Mental Well Being. With R value equals to .460. Model two indicates Neuroticism and Openness to Experience both as predictors of Mental Well Being with R value equals to .555. Model three indicates Neuroticism, Openness to Experience and Extraversion as predictors of mental wellbeing with R value equals to .578. The value of R Square for first model is .211, which shows that neuroticism accounts for 21.1% change in mental wellbeing however, this value increases to .308 Or 30.8% in model 2 and .335 in model 3. The result table depicts that neuroticism independently accounts for 21.1% change in mental wellbeing whereas the interaction of neuroticism and openness to experience accounts for an additional 09.7% increase of (30.8% -21.1%). Third model depicts that the interaction of neuroticism, openness to experience and extraversion accounts for an additional .02.7% increase of variance (33.5% - 30.8%). The mental wellbeing model summary revealed that the interaction of neuroticism, openness to experience and extraversion came out as significant predictors for

mental well being with 33.5% variance. The Durbin-Watson statistics is 2.145 ($3 > 2.145 > 1$) which describes that the assumptions of independent errors is tenable.

DISCUSSION

The results indicate that the interaction of Neuroticism, Openness to Experience and Extraversion came out as significant predictors for Mental Well-Being. It implies that the predisposed personality traits are important determinants of Mental Well-Being. Extravert individuals and individuals having openness to experience would have a good score on Mental Well-Being scale. The individuals having high score on Neuroticism would score low on Mental Well-Being scale. Diener, Oishi & Lucas (2003) provided evidence for the same that Extraversion, Neuroticism & Self-Esteem can influence Mental Well-Being level markedly.

CONCLUSION

The personality traits such as Openness to Experience, Extraversion & Neuroticism are the important factors in determination of Mental Well-Being. We can predict the Mental Well-Being of individuals by knowing their personality traits. Clinical intervention for Neuroticism may help in Mental Well-Being of individuals which in turn will increase their ability to cope up with stress and live life productively.

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Current Trends of Geriatric Depression at an Indian Tertiary Care Center

Akash Rajender^{1*}, Krishna Kanwal², Gaurav R³

ABSTRACT

Background: Aging is a progressive process beginning with life & ending with death. There is a massive growth in elderly population & age associated diseases. Depression is frequently associated with aging, associated comorbidities & treatment compliance in this fragile age group. **Aims & Objective:** To study prevalence of depression in elderly using Geriatric Depression Scale (GDS) and its associated risk factors. **Method:** Three hundred elderly (≥ 60 years) patients were assessed at Mahatma Gandhi Medical College & Hospital, Jaipur in an observational, cross sectional study using Geriatric Depression Scale (GDS). Correlation with associated risk factors were evaluated. Statistical analysis was done using SPSS version 12.0. **Results:** Prevalence of depression was 29.3% of which 62 (20.67%) were mildly depressed and 26 (8.67%) were severely depressed. Depression was significantly higher in elderly subjects with comorbid chronic disease ($p 0.0001$), inadequate sleep ($p 0.001$), absent social participation ($p 0.002$) and in those who did not engage themselves in day time work or hobbies ($p 0.0002$). **Conclusions:** Depression is common in elderly, its undiagnosed & overlooked. Prevention of risk factors & early diagnosis may significantly reduce morbidity, mortality & improve quality of life.

Keywords: Depression, Elderly, Prevalence, Risk Factors.

Aging is a progressive process which begins with life & continues throughout life cycle, finally ending with death [1]. It is a universal phenomenon [2] resulting in a process called “demographic transition” [3] i.e. is a shift from high mortality and fertility to low, thus causing an increase in elderly population.

India, is presently in demographic transition with 72 million above 60 years of age, which is expected to increase to 179 million in 2031 and further to 301 million in 2051. This massive increase in geriatric population will put an enormous pressure on health care services [4]. India

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being a developing nation needs to be prepared for this challenge, with more knowledge on the disease & comorbidity pattern in this population at risk. Early diagnosis and treatment remains the mainstay to reduce the burden of this disease.

Elderly being economically unproductive, are commonly neglected[5], stressed & more prone to mental disorders [3] of which depression is common. Depression is difficult to diagnose, especially when associated as a co morbidity in chronic diseases of elderly. Depression leads to an increase in morbidity, mortality, health care utilization, treatment cost, along with a reduction in quality of life [6]. Depressed elderly adhere less to diet, exercise, and medication. Depression is projected to become the second-leading cause of disease burden after ischemic heart disease by the year 2020. [7]

Early diagnosis and treatment remains the mainstay to reduce depression burden in elderly. Studies on depressed elderly are very few in India, this study is an attempt to diagnose elderly with depression, determine factors responsible & suggest preventive measures.

METHOD

Source of Data

In our study, 300 patients with age ≥ 60 years, were randomly selected at Mahatma Gandhi Medical College & Hospital, Jaipur, Rajasthan, India; over a study period from October 2013 to November 2014. Patients with known psychiatric comorbidity, psychiatric treatment (pharmacological or non-pharmacological) or severe unstable condition & associated conditions interfering with interview were excluded from the study. A formal written consent was taken from all patients.

General Protocol

Patient's clinical profiles were reviewed and information was procured pertaining to demographic aspects, past medical history, and use of medications. Geriatric depression scale (GDS) was used for diagnosis of major depression & its severity. GDS screens for seven characteristics of depression in elderly, which are somatic concerns, lower affect, cognitive impairment, feelings of discrimination, impaired motivation, lack of future orientation and lack of self-esteem. It consists of 30 questions with a maximum score of 30. A score of 10 and more were diagnosed with depression. Socioeconomic profile & risk factors for depression were evaluated with pre-structured Performa.

Statistical Analysis

Descriptive statistics was used for analysis. Chi-square test was used to find out the association between two variables and $p < 0.05$ was considered to be statistically significant. Statistical analysis was carried out using the SPSS 12.0.

RESULTS

Of the 300 study subjects who participated in the study, 186 (62%) were females and 114 (38%) were males. 88 (29.33%) were diagnosed with major depression (GDS score ≥ 10).

Table 1 summarizes the socio-demographic characteristics of the elderly studied. The mean age of the studied subjects was 66.7 years. Most of the sample consisted of Hindus (238, 79.33%), illiterates (164, 54.67%), non-working (177, 59%), married (206, 68.67%) & living in joint families (115, 38.33%). More than one third 113 (37.67%) belonged to class IV SES (Modified B.G. Prasad Classification 2011).

Of the 300, overall prevalence of depression was 64 (29.36%), of which 62 (20.67%) were mildly depressed and 26 (8.67%) were severely depressed. Female gender & Age group ≥ 70 years were more depressed. Depression showed a significant association with age ≥ 70 years, illiterates, lower socio-economic status (SES) & single (widowed/unmarried/divorced) marital status. An inverse relationship was seen between SES and depression, with depression being higher in low socioeconomic group. Association of socio-demographic characteristics with depression is shown in Table 3.

On evaluating the risk factors leading to depression in elderly, 113 (53.3%) physically active subjects were not depressed as compared to 66 (75%) inactive subjects suffering from depression ($p < 0.0001$).

Depression was significantly higher in elderly subjects with comorbid chronic disease ($p < 0.0001$), inadequate sleep ($p < 0.001$), absent social participation ($p < 0.002$) and in those who did not engage themselves in day time work or hobbies ($p < 0.0002$). Association of risk factors in causation of depression in elderly is discussed in Table 4.

Table 1: Socio- Demographic Characteristics of Elderly subjects

Characteristic		TOTAL (n=300) No. (%)
Sex	Male	114 (38)
	Female	186 (62)
Age	60-69 years	204 (68)
	≥ 70 years	96 (32)
Religion	Hindu	238 (79.33)
	Muslim	58 (19.33)
	Others	4 (1.33)
Education status	Illiterates	164 (54.67)
	Literates	136 (45.33)
Occupation	Non Working	177 (59)
	Working	123 (41)

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Socio-economic Status *	Class I	28 (9.33)
	Class II	69 (23)
	Class III	79 (26.33)
	Class IV	113 (37.67)
	Class V	11 (3.67)
Family Type	Nuclear	94 (31.33)
	Joint	115 (38.33)
	Three Generations	91 (30.33)
Marital Status	Widowed/ Unmarried/ Divorced	94 (31.33)
	Married	206 (68.67)

* Modified B.G. Prasad Classification 2011

Table 2: Prevalence of Major Depression in Elderly subjects using Geriatric Depression scale (GDS)

GDS Score	Males No. (%)	Females No. (%)	Total No. (%)
Normal (0-9)	85 (74.56)	127 (68.28)	212 (70.66)
Mild (10-19)	24 (21.05)	38 (20.43)	62 (20.67)
Severe (20-30)	5 (4.39)	21 (11.29)	26 (8.67)
Total	114 (38)	186 (62)	300 (100)

Table 3: Correlation of Depression with Sociodemographic characteristics of Elderly

Characteristics		Without Depression (n=212)	With Depression (n=88)	p value
Sex	Males	85 (40.09)	29 (32.95)	0.292
	Females	127 (59.91)	59 (67.05)	
Age	60-69 yrs	150 (70.75)	54 (61.36)	0.04*
	≥70 yrs	58 (27.36)	38 (42.18)	
Education Status	Illiterates	133 (62.74)	31 (35.22)	0.009*
	Literates	99 (46.7)	37 (42.04)	
Occupation	Non-Working	119 (56.13)	58 (65.91)	0.08
	Working	93 (43.86)	30 (34.09)	
Socio- economic status	Class I+II	80 (37.74)	17 (19.32)	0.0005*
	Class III	57 (26.89)	22 (25)	
	Class IV+V	70 (33.02)	54 (61.36)	
Family Type	Nuclear	63 (29.72)	31 (35.23)	0.88
	Joint	81 (38.21)	34 (38.63)	
	Three Generations	68 (32.07)	23 (26.14)	
Marital Status	Widowed/ unmarried/ divorced	49 (23.11)	45 (51.14)	0.0001*
	Married	157 (74.06)	49 (55.68)	

* $p \leq 0.05$

Table 4: Risk Factors for depression in Elderly

Risk Factors		Without Depression (n=212)	With Depression (n=88)	p value
Addiction	Yes	88 (41.98)	46 (52.27)	0.08
	No	123 (58.02)	42 (47.73)	
Physical Activity	Active	113 (53.3)	22 (25)	0.0001*
	Inactive	99 (46.7)	66 (75)	
Comorbid Chronic Disease	Absent	166 (78.3)	40 (45.45)	0.0001*
	Present	46 (21.7)	48 (54.55)	
Social Participation	Present	162 (76.42)	49 (55.68)	0.002*
	Absent	50 (23.58)	39 (44.32)	
Daytime Involvement	Engaged	147 (69.34)	33 (37.5)	0.0002*
	Not Engaged	65 (30.66)	55 (62.5)	
Recreational activity participation	Yes	133 (62.74)	58 (65.91)	0.72
	No	79 (37.26)	30 (34.09)	
Sleep Pattern	Satisfied	121 (57.1)	17 (19.32)	0.001*
	Not Satisfied	91 (42.91)	71 (80.68)	

* $p \leq 0.05$

DISCUSSION

Depression in elderly is a commonly missed, undiagnosed, unrecognised clinical diagnosis. It is mostly assumed to be a normal response to aging, comorbidity, physical losses or other life events. It causes excess physical & psychological disability and has an adverse impact on physical health.[11]

In our study, almost one third of elderly (29.33%) suffered from depression. Those elderly subjects found to be prone for depression, were found to be commonly associated with several risk factors were like higher age, low socio-economic status, single or widowed marital status, physical inactivity, presence of chronic diseases, lack of social participation and inadequate sleep.

In our study, females were more depressed than their male counterparts (67.05% vs. 32.95%), this can be attributed to Indian socio-cultural factors & psychological factors, as women throughout their lifetime face more stressful events and have a greater sensitivity towards them. Similarly, the prevalence of depression has been found to be higher in elderly women in other Indian studies done by Jain RK [12], Rajkumar AP et al [13] and by Poongothai S et al [14]. On the contrary, Sandhya GI et al [4] showed that the prevalence of depression was lower in females (22.9%) when compared to males (29.1%) in a study done in a rural community in South Kerala.

In our present study, single (widowed/unmarried/divorced) elderly subjects showed a significant ($p = 0.001$) higher prevalence of depression (51.14%). In late life, more emotional support is

required as to face challenges posed by physical & psychological stressors, debility, worsening of chronic disease condition due to improper treatment compliance & neglect. Death of a spouse causes irreparable psychological damage, making the vulnerable to depression. Adjustment disorders are common in late life divorce or separation, leading to depressive symptomatology. Single individuals, lack the much required support of spouse and children in late life. Kamble SV et al [5] in a study showed similar results, that marital disruption, widowhood and single status were associated with a higher prevalence of depression in both men and women.

Elderly subjects with lower socio-economic status showed a higher prevalence of depression in our study. Similar results were showed in several Indian studies by Jain RK et al [12] and Rajkumar AP et al [13]. This can be attributed to increased stress, insecurity, uncertainties to future, poor accessibility to health care system & neglect of chronic disease process causing its worsening. Hence making them more prone for depression.

Three fourth of the depressed subjects (75%) were physically inactive and more than half (54.55%) had at least one chronic disease. Poor physical activity can make an individual more prone to depression owing to worsening of physical debility, chronic disease, visio-spatial coordination & sensory deprivation. Lack of physical activity makes the individual more dependent on care takers, curbs independence, lowers self-esteem, enormously changing the way a person lives, copes to stressors and his perception of himself & his surroundings. Similar results on association of poor physical health with depression was seen in Seby K et al [4] and Rajkumar AP et al [13].

Lack of social participation showed an association with depression in our study. Social participation maintains the liveliness and gives a feeling of bonding with the group or community. Lack of social participation makes an individual alone, gives a feeling of worthlessness & emptiness. Sandhya GI et al [4] had similar results in a study done in rural community in South Kerala

Disturbed sleep pattern as seen among 80.68% subjects was also a statistically significant risk factor leading to depression in present study, as also stated by Jain RK et al [12]. Depression in elderly is both preventable & treatable as observed by Korte J et al [15]. Its easy diagnosis, prognostic significance, impact on quality of life & health care cost in elderly population makes it an important issue to address in this population.

CONCLUSION

India in this era of demographic transition, has an enormous geriatric population prone to depression. Presently one in every three elderly subjects suffer from major depression. Depression is common comorbidity associated with chronic diseases & often overlooked attributing to disease related factors. Understanding of its risk factors & making consolidated

efforts towards its diagnosis & treatment may go a long way in reducing morbidity, mortality & quality of life of elderly.

DECLARATIONS

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Management of English Language Anxiety through Behaviour Modification Techniques of High School Students

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ABSTRACT

Today we live in the age of globalization, as the world came at calling distance the need for the common communication system has aroused which is understood and well accepted by the global community. As nation we also have understood and accepted the importance of common communication system to have firm footing in the global scenario. With some exception English language has acquired the status of global language, which is spoken, written, understood and used by many world countries including India. In India English has become pre-requisite and facilitating factor in communication, education, vocation and business careers. But still in India we speak and use diverse languages, that's why Indian scenario is quite different from that of world. On the basis of English language Indian population can be divided in to two main groups. First group includes people who are very good at all aspects of English language like reading, writing, speaking and understanding it. They are mostly urban, middle or high class people, having easy access to good education and they use it to their advantage. Remaining population is mostly rural, lower income group and depends on public schools for their education. Mostly these people know only their native language and communicate in it only. Being second language and started at later age, English learning creates anxiety in students of this population, associated with productive skills like speaking and writing or receptive skills like reading and listening. English anxiety is a feeling of uneasiness, worry, nervousness, apprehension, or fear while learning or using English. Children in this population study English as second language at High School level in almost all schools; except English all other subjects are taught to them in their native language. The effects of this anxiety are more evident in the classroom and strongly indicate the Academic performance of the student. Anxiety is found to have a detrimental effect on student's confidence, Self-esteem and level of participation. Anxious students employ avoidance strategies like falling sick frequently, not paying attention in classroom and skipping classes. They do well in other subjects but not in English, which lowers their self esteem; as result they develop negative attitude toward English language, and show less interest in this subject. Anxious students also forget previously learned material, volunteer answers less frequently and have a greater tendency to remain passive in classroom activities. When these

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students finish their high school and joins junior colleges at cities they are taught science subjects in English only. This sudden change does not go well with them and creates definite anxiety, which hampers their learning process. Just because they are not good at English they start lagging behind and feel inability to compete with other students which are good at English. The frustration of not being able to understand the subject matter well further creates anxiety in them; most of the students could not overcome this anxiety and fail to achieve their desired goals.

Unfortunately educational institutes are unaware about this important cause behind students' turmoil and subsequent non performance; which is wrongly attributed to the aptitude of the student. That is why this issue has not been given due attention and consideration at school and college level. Therefore there is acute need to introduce innovative psychological strategies to alleviate anxiety towards English.

Through the application of Behaviour Modification Techniques at high school level English language anxiety can be reduced to the minimum considerable level and students interest in the subject can be increased many fold. This will boost their confidence and self esteem and encourage their participation in the class. The feeling of 'we can also' and newly found interest in the subject will help in improving their language. This will definitely reflect in their academic performance and will further boost and increase their confidence and interest. Improvement in English language will help them in understanding other subjects which are taught in English in better way. Therefore this study is undertaken to reduce English Language anxiety through Behaviour Modification Techniques. This is a pilot study of 30 students who are studying in standard VIII at Nutan Kundakeshwar Vidyamandir. When their last unit test scores referred, it was understood that all these students are academically above average and do well in all subjects except English. When they assessed on the Foreign Language Classroom Anxiety scale by Horwitz, E. K., Horwitz, M. B., & Cope (1986) (translated in Marathi for present study) they showed high level of English language anxiety. All these students were taught about the interventions to be used and they practiced these interventions for a month. Result shows the significant drop in mean anxiety of group from pre-intervention score 120.57 to post-intervention score 101.07 and significant increase in their Post scholastic mean score 20.87 from 17.97 pre-scholastic mean score. These results are very significant and encouraging.

Interventions used are:

- i) Reduction of Rate of Breathing (Ganesan, 2012).
- ii) Laughter Technique (Ganesan, 2008).
- iii) Development of Alternate Emotional Responses to the Threatening Stimulus (Ganesan, 2008).
- iv) Fun of Failing Technique (Ganesan, 2014).

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After one month of intervention, when these students were reassessed for anxiety level and performance on English test they showed significantly less anxiety level and significant improvement in their unit test. Their hesitation while communicating and writing in English has almost vanished and they showed renewed interest and confidence. These results are very encouraging and show that Behaviour Modification Techniques are efficient in treating English Language Anxiety.

Keywords: *English Language Anxiety, Behaviour Modification Techniques, Native language.*

INTRODUCTION

Behaviour Modification Techniques use simple principle that when overt maladaptive behaviours are modified and replaced by more adaptive and useful behaviors, the neural mechanism which controls these responses also gets modified and the new modified behaviors become our way of responding to those same stimulus situations. Behaviour Modification Techniques have their basis in classical learning theories of Pavlov and Skinner, which are used to treat some of psychological ailments. Learning principles states that through proper application of reinforcement and punishment; maladaptive behaviours can be changed and replaced with adaptive ones. Maladaptive behaviours are conditioned responses and they can be changed by using Behaviour Modification Techniques. Basic principle of learning theories is that, when we consistently respond to a stimulus in a particular manner, neural network is formed and it becomes our way of responding to those particular stimuli. Feeling of anxiety is our maladaptive response to the stressful or threatening stimuli. When students starts learning English, they have positive approach toward it but when it becomes evident that it is not easy and repeated attempts of them are not paying off, they become frustrated and anxious. So now for them learning English has become stressful stimulus and anxiety as their natural response. Certain amount of anxiety is good and has positive effect on individuals as it can push them to master it, but too much of it has debilitating effect and makes individual helpless and exhaust their coping skills. Anxiety is the learned response to the English learning and so can be unlearned and replaced by the adaptive response. On the basis of Reciprocal Inhibition, adaptive or alternate responses are formed and anxiety is replaced with them.

Most of the students have problem in productive skills like writing and speaking; because when they try to do it, they could not easily remember the English words and become conscious about it which further increases their anxiety. The feeling, “others will laugh when they will come to know about my inability” and the conscious effort to speak or write it in totally correct way adds to the problem and leads to the total avoidance. So to avoid the feeling of anxiety and subsequent uneasiness they acquire avoidance strategy, and it naturally worsens their progress in learning English language. Same thing happens with the other subjects those are taught in English at college level and here it hits them like thunderbolt because only successful completion of this

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stage opens the gates of the opportunities. So from the point of view of these students it is a grave problem and needs immediate remedy.

Simple but effective Behaviour Modification Techniques of the Ganesan were successfully used to treat different types of anxieties in the past but never used before to manage English Language anxiety. Hence there is a need for systematic evaluation of the efficacy of Behaviour Techniques in the Management of English Language Anxiety. The prime aim of this study is to ascertain the effectiveness of Behaviour Modification Techniques in reducing English language anxiety among high school students and the possibility of implementing these techniques to larger possible population.

METHODOLOGY

It is a pilot study of 30 Marathi speaking students who are studying in standard VIIIth at Nutan Kundakeshwar Vidyamandir, who have shown high anxiety level when were assessed on the Foreign Language Classroom Anxiety scale by Horwitz, E. K., Horwitz, M. B., & Cope, J (1986) modified for the Indian context (Marathi version) . Before giving interventions to these students their performance on English language unit test was also recorded as measure of student's achievement in the English language.

Interventions:

The following interventions were given for one month:- i) Reduction of Rate of Breathing (Ganesan, 2012), ii) Laughter Technique (Ganesan, 2008) iii) Development of Alternate Emotional Responses to Threatening Stimulus (Ganesan, 2008), and iv) Fun of Failing Technique (Ganesan, 2014).

First three techniques were used to make them comfortable and relaxed around threatening stimulus (English language), due to which their generalized anxiety and passive approach toward English considerably subsidized. Fourth intervention helped them to overcome their hesitation.

RESULTS

After one month of intervention all students were reassessed for English language anxiety level and performance on English unit test. Almost all students have shown significant drop in their anxiety level when Foreign Language Classroom Anxiety scale by Horwitz, E. K., Horwitz, M. B., & Cope, J (1986) (Marathi version) was administered to them again, and after intervention when they faced another unit test of English language they showed marked improvement in their performance, which was reflected in their test scores. Subjective assessment by English teacher also pointed out to the increased concentration and interest of the students in subject and to the confidence while speaking in the classroom.

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Table 1: English Anxiety and Scholastic Score of the Group Before and After Intervention (N = 30)

Factors	Before Intervention Mean (SD)	After Intervention Mean (SD)	Mean Difference	Critical Ratio
English Language Anxiety	120. 57 (7. 16)	101. 07 (6. 80)	19. 50	17. 20**
Scholastic Score	17. 97 (2. 76)	20. 87 (2. 05)	2. 90	9. 18**

** P<0.01

DISCUSSION

The purpose of the present pilot study was to assess the efficacy of Behaviour Techniques in reduction of English language Anxiety. For the objective assessment of English language Anxiety, a psychometric scale, namely, Foreign Language Classroom Anxiety scale by Horwitz, E. K., Horwitz, M. B., & Cope, J (1986) modified for Indian context (Marathi Version) was used. As measure of student's achievement in English language their unit test scores out of 30 were recorded before and after intervention. The pre-intervention mean anxiety score was 120.57 with SD 7.16 and mean scholastic score was 17.97 with SD 2.76. To overcome the English language Anxiety, interventions based on the Behaviour Modification Techniques were taught to the students and for one month practiced by them. It is known that the sympathetic nervous system gets activated when we face threatening, anxiety provoking and stressful situation and prepares our body for fight or flight; it increases rate of breathing to fulfill the increased demand of the oxygen. In our case, increased rate of breathing is the natural response to the threatening stimulus learning English. The reduction of rate of breathing technique deliberately establishes a non-compatible response to the threatening stimulus i.e. when faced with the anxious situation of learning English a more relaxed and adaptive but non-compatible response of reducing rate of breathing is elicited through training and practice. This response is naturally elicited by parasympathetic nervous system to calm down the body after the activation by the sympathetic nervous system. Many studies have shown that laughter is very effective coping or stress reducing mechanism, which activates brains reward center Nucleus accumbence. Reiss a professor of psychiatry says that reward center is evolved to enhance learning and behaviour through positive feedback, it's meant to allow people to learn from and perform in their environment in as optimal a way as possible. Laughter also activates brain to release a feel good neurotransmitter endorphin, which helps to reduce stress produced by the English learning. Development of alternate response like anger, laughter, love and worship are incompatible to the English learning helps to replace anxiety through reciprocal inhibition. Fourth technique deliberately used to lessen their hesitation to speak or write in English, as it helped them to

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overcome their uneasiness and fear of failure. As result they started speaking and writing in English without any inhibitions and fear was replaced by fun. Through this technique they were made to understand that it is always better to fail than giving up trying. These techniques helped these English anxious students to unlearn maladaptive response, that is feeling of anxiety and learn slightly funny but more adaptive response through reciprocal inhibition toward English Language. Learning studies have proved that, when brain repeatedly does certain things in a particular way, it becomes habit through formation of neural networks. In this case also student's brains were trained through practice to respond to the English language by more adaptive response and not to respond by anxious response. This in turn boosted their confidence and self esteem and they started showing added interest in the subject. All students responded well to the interventions.

Group's post-intervention anxiety mean score was reduced to 101.07 with std. deviation 6.80, critical ratio 17.2056 and mean difference 19.50. It shows the significant drop in the anxiety level of the group. Group's post-intervention scholastic mean score was increased to 20.87 with SD 2.05, critical ratio 9.1865 and mean difference 2.90. It shows that their performance on English language unit test improved significantly. It means that Behaviour Modification Techniques used as interventions have not only reduced anxiety of these students but also helped them to achieve more in their English language unit test. Increased achievement measure is the result of increased interest in the subject and regained confidence. It also helped them to overcome their hesitations and inhibitions while communicating in English. To conclude, this study has shown that Behaviour Modification Techniques are efficient in treating English Language Anxiety and if these interventions are practiced for extended period they will definitely further improve the English learning experience of the students.

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Self and Interpersonal Communication

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ABSTRACT

One of the main things impacted by our self-concept and our self-esteem is our communication with other people. Self-concept, self image, self-esteem self efficacy are major factors in the way we communicate. Whether we are introverts or extroverts that can be seen in the way we communicate with others. Communication becomes smooth when we become part of it. People with high self esteem are confident, responsible, committed to goals, genuine and forgiving. An artificially inflated self-esteem is an effort to appear to have high self-esteem. However, such individuals don't typically show the characteristics of people with high self-esteem. Whereas low esteemed people insecure, unhappy and impatient. An artificially inflated self-esteem is an effort to appear to have high self-esteem. However, such individuals don't typically show the characteristics of people with high self-esteem. There are certain ways improve ones self-esteem. Development of a relationship is closely related to systematic self-disclosure. General personality traits such as quietness, shyness, and reticence frequently precipitate Communication Apprehension. Prevention and treatment methods of communication apprehension are now available.

Keywords: *Self, Interpersonal Communication.*

Self –concept and communication

The way we communicate is greatly influenced by our self-concept especially self-esteem. Only because of this influence some of us introverts, some others are extroverts and still some others are mixture of both. If somebody focuses on his or her sense of humor in his/her talks, he will be seen as a funny person by all around him whether or not he is aware of it. Our emotional needs and desires dictate our communication. If a person perceives himself as an introvert, but he or she doesn't like to be attributed so as it negatively affect his /her self-esteem and he may really want to be a funny person, he reassures himself again and again having a great sense of humor and he goes on to great lengths and breadths to tell jokes and try to amuse others.

Before going into the detailed discussion about our own communication forms, we need to understand certain basic terms and their association with development of our communication

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habits. These are self-concept, self-image and self-esteem. Communication become smooth when we become part of it, being a part of it doesn't mean only our physical involvement, but attributes of our self-e.g., how we see ourselves, what type of feelings and thoughts we hold about our strengths and weaknesses. Relatively what kind of sustained perceptions we hold about ourselves, our emotional states, talents our likes, dislikes values and roles etc., how we want others to see us, how we think others should see us and how we want to see ourselves. All these attributes determine our communication habits. Most of our self-concept is a reflection of our relationships and the people around us. Our parents, near relatives, friends, heroes and bullies, all have influenced the way we perceive ourselves.

How does self-concept affect our communication?

Our self-concepts continuously develop and re-develops through constant reflection of our own images through others by variety of processes like looking glass self (1) reflected appraisal, ego boosters and busters; social comparisons (superior/inferior, same /different); cultural teachings and our own interpretations and experiences. Cultural influences on self-concept differ greatly from individualistic cultures to collectivistic cultures. In individualistic cultures just like in western cultures, self is separate, unique from other individuals and develops into independent, self-sufficient and without botheration about interdependence and place more emphasis on individual decisions and values, autonomy, youth, change, individual security and equality. These cultures reward and value individual achievements and blame individuals for failures. On the other hand, collectivistic cultures, like in oriental ones promote 'we' orientation and emphasize extended families, their care and in group living. Groups share credit as well as blame and reward contribution to group goals and group decisions, duty, order, tradition, age, group security, status and hierarchy. The five characteristics of self-concept are that it affects communication. It is subjective, resists change, multi-dimensional and flexible.

Our relationships with other people mainly affect two areas of our self-concept. i.e., our **self-image**, or characteristics or traits we believe that we possess, and our **self-esteem** or our evaluation of what is worthwhile or valuable about ourselves. While our self-image is the descriptive side of our self-concept, the self-esteem is the evaluative side, which means the side that assigns value and worth to those traits and characteristics. The way in which I perceive myself is my self-concept within which my self-image perceives that I am below average handsome and a good writer. My self-esteem places more value on my writing skills than my physical personality as a positive aspect to which I belong. This entire process is a subconscious reflex that can cross into conscious awareness, but it's happening all the time throughout our lives. Self-concept, especially self-esteem, is a major factor in the way of our communication. Our communication may also directed by our self-esteem and self-concept, because it can often feel forced or unnatural, since it may not be that person's natural communication style. People can lose sight of their natural communication habits by trying to make up for what they see as a deficiency in their personality.

Distortion of self-concept

Self concept is derived from self esteem and self efficacy, but previous experiences may distort one's self concept as self assessment may not always accurate. If a person has low self esteem, the self-concept may be skewed in the negative direction. People with good self esteem and efficacy are often able to recognize their limitations without any judgment attached to it (2). The self-concept is subjective, which means it is subjected to obsolete, half-baked information and can be distorted after the subjective feedback, too much emphasis on perfectionism. Social expectations like modesty or egotism also affects self-concept. Self-concept is conservative and resists change and tends to cling to present even when evidence shows that it is outdated, cling to negative outmoded self-perception whether it is positive or negative and therefore, result in self-delusion and lack of growth. A healthy self-concept is flexible and subject to change like any other phenomena, therefore, we need to constantly adjust our self-concept according to the changes that are taking place in our surroundings. In the course of changing our self-concept, we should have will to change and develop necessary skills to change and cultivate realistic expectations and always strive for such realistic perception (4).

Self-concept operates at multi-dimensional levels. If there is a mismatch between how you see yourself (e.g. yourself image) and what you'd like to be (e.g. your ideal self) then this is likely to affect how much you value yourself. Therefore, there is an intimate relationship between self-image, ego-ideal and self-esteem. A person's ideal self may not be consistent with what actually happens in life and experiences of the person. Hence, a difference may exist between a person's ideal self and actual experience. This is called incongruence. Where a person's ideal self and actual experience are consistent or very similar, a state of congruence exists. All persons experience a certain amount of incongruence as in reality rarely does a total state of congruence that ever exists. The development of congruence is dependent on unconditional positive regard. For a person to achieve self-actualization they must be in a state of congruence (3). There are four major factors which influence its development firstly, the ways in which others (particularly significant others) react to us. Secondly, how we think we compare to others, thirdly, our social roles, finally, the extent to which we identify with other people (5)

Self concept has three components i.e., the view that person has for himself i.e., self- image; the value a person place upon himself is self- esteem and it always involves a degree of evaluation and we may have either a positive or a negative view of ourselves (3). A person's self image does not necessarily have to reflect reality and it is affected by many factors, such as parental influences, friends, the media etc. Self-concept is also derived from self-esteem and self - efficacy. Self -esteem is the regard or respect a person has for himself and a person with positive feelings is said to have high self- esteem. However, self- esteem can refer to very specific areas as well as general feelings about self. For example, a person may have low self esteem about his physical attractiveness but high self esteem of doing a job well. In uncertain or anxiety arousing situations our self-esteem may change rapidly (6)

There are four major factors that influence self esteem and they are *the ways in which others (particularly significant others) react to us*, while affirmative reactions develop a positive self-image and reactions of avoidance develop into negative self- image. *How we think we compare to other*, if the people we compare with ourselves (our reference group) appear to be more successful, happier, richer, better looking than ourselves we tend to develop a negative self image BUT if they are less successful than us our image will be positive. People in Some *social roles* carry prestige e.g. doctor, airline pilot, TV presenter, premiership footballer and this promotes self-esteem. Other roles carry stigma. E.g., prisoner, mental hospital patient, refuse collector or unemployed person. *The extent to which we identify with other people* also become part of our personality i.e. we identity with the positions we occupy, the roles we play and the groups we belong to (7). But just like all these other factors, the influence of our parents is equally important (8).

The ideal- self is what the person cherish to be like .If there is a mismatch between how a person see himself (e.g. self image) and what he'd like to be (e.g. ideal self) then this is likely to affect how much he value himself (self-esteem). Therefore, there is an intimate relationship between self-image, ego-ideal and self-esteem. A person's ideal self may not be consistent with what actually happens in his life and his own experiences. Hence, a difference may exist between a person's ideal self and actual experience. This is called incongruence; rarely does a total state of congruence exists as every person experience certain amount of incongruence. Where a person's ideal self and actual experience are consistent or very similar, a state of congruence exists. The development of congruence is dependent on unconditional positive regard. For a person to achieve self-actualization they must be in a state of congruence (3). One needs high self-esteem in order to self-actualise and realise one's full potential.

Ego and its affect on communication:

The ego is the opposite of self-esteem. The problem with the ego is it can 'disguise' itself as your self-esteem and it is important to become aware of this behaviour when it arises. The most commonly agreed up on definition of ego is it is your self-defense mechanism and more importantly, your false concept. All the ego is concerned with indulging in self-destructive behaviours and differentiating itself from others, whether it is talking about other people behind their back (out of insecurity) or self-appraisal (beating ones own drum). The ego needs to be validated at all costs in order to 'survive' if it is not weaken.

The ego is like an inner child, constantly need attention and if it does not receive it, lashes out. Egocentricity is very common in Pick Up, most men are very egocentric when it comes to their dating lives, This kind of behaviour can also be seen with materialistic people; buying more and more possessions to fuel their false self-concept. Face book has become a haven for the ego driven; statuses are often nothing but false self-esteem increasers with each person racking up 'likes' to differentiate themselves from others. The ego loves to feel what is called 'otherness' from others. However, the ego can also be self-destructive; it can make you feel worthless,

lonely, depressed, and insignificant and all those other negative emotions. When you catch yourself having egocentric thoughts, become present; do not judge or condemn the thought (if you do this it will argue back) and just become aware of it, it will soon dissipate. To paraphrase Tolle, “once you bring it into the light of consciousness, the ego is unable to ‘survive’ (21).”

Artificial inflated self esteem and true self esteem:

In order to define the characteristics of high self-esteem, there is need to make a distinction between an artificially inflated self-esteem and true self-esteem. An artificially inflated self-esteem is an effort to appear to have high self-esteem. However, such individuals don't typically show the characteristics of people with high self-esteem. Individuals with high self-esteem have the following characteristics in abundance with consistency. 1) Responsibility: Since individuals with high self-esteem can accept themselves completely they are able to take responsibility for themselves and the consequences of their actions without being excessively critical of themselves. Therefore, they are readily able to acknowledge mistakes and accept limitations. 2) Goal commitment: Those with high self-esteem tend to have a strong sense of purpose and are committed to goals in life. In addition, they tend to be persistent in achieving these goals as their commitment does not fluctuate based on success or failure. As active participants in life they tend to strive for excellence not for perfection. 3) Genuineness.: People with high self-esteem can be honest with themselves and others both emotionally and intellectually. As they aren't fearful of others truly knowing them, they tend to be genuine in their interactions with others. 4) Forgiving: High self-esteem corresponds with high degree of tolerance and acceptance of limitations and they easily forgive themselves and others 5) Internal values: Individuals with high self-esteem tend to have internally-based values rather than externally-based. In other words, they have a strong identity based on chosen values rather than values they believe due to the demands or expectations of others. This type of identity is usually considered an "achieved identity" in which a person has analyzed their beliefs and values to decide the set of internal principles or values that they will adhere to. 6) Positivity: People with high self-esteem are positive with an appreciative and grateful attitude towards life. They can freely praise themselves and others and tend to look for the positive aspects of life and not dwell on the negative. 7) Self-improvement: Generally, there is a strong tendency to strive towards self-improvement among those with high self-esteem. As they don't view the need for self-improvement as a negative quality they are able to examine themselves uncritically. In addition, they can ask for help as needed because they don't view the need for help as shameful or negative.

The characteristics of low self-esteem are feelings of unhappiness and sometimes it may lead to depression, feelings of anxiety especially social anxiety which is a consequence of social evaluative aspect of self esteem based on comparisons with other people. Feelings of inferiority or superiority: most people who have low self-esteem feel inferior to others and they consistently believe that there is some flaw within them because of which they are unable to meet certain standards which others have met. Sometimes this perceived flaw is more magnified

by the person himself than visible to others because of his past experiences. Some people with low self esteem with or without perfectionist tendency due to concern about what others may think of them present an air of superiority in a bid to cover how they truly feel about themselves.

Impatience or irritation with self or others: most frequently the persons with low self esteem get impatient or irritated with flaws, mistakes or inadequacies mostly directed towards themselves but rarely towards others. Externally oriented goals: individuals with low self esteem often determine goals and direction in life based upon what others might want or need, such an orientation may result in resentment due to taking care of only others needs but not their own. Negativity: low self esteem tends to leads to negativity which may not always external but also internal as well. External manifestations like criticizing oneself to others or excessively apologizing or commenting upon negative observations can be noticed by others. Unfortunately, people tend to avoid individuals who are excessively negative.

Self -efficacy is a person's belief in his ability to accomplish a specific goal or task and it corresponds to an individual's level of competence which varies from situation to situation and as a result his assessment of overall self-efficacy may not be complete and accurate as it is an assessment of an individual's general feeling of competence across a variety of situations or tasks.

Characteristics of low self-efficacy:

1) Fear of risks: Individuals with low self-efficacy always see themselves as unable to be successful and they are often unwilling to take risks or try new things because they are convinced that the result will be a definite failure. This is particularly unfortunate because the main way to increase self-efficacy is through practice and experience. 2) Fear of uncertainty: Low self-efficacy often is related to self-doubt and uncertainty. The individual doesn't want to try without a guarantee of success and therefore, they may never discover things at which they could be successful. 3) Feelings of failure: Those with low self-efficacy frequently have feelings of failure and hence avoid or remain untried new things in their life due to the risks involved. Or, they might only try something half-heartedly and therefore, they are less likely to experience success and more likely to see a failure. 4) Impression management: Impression management is the attempt to control how others might perceive you in order to be seen more positively. People with low self-efficacy feel they are not capable but may try to present a successful and competent image to others. They may put a great deal of energy into behaving in a way to obtain approval from others and experience a great deal of worry about being found out to be a fraud. For instance, they may try to hide mistakes from others rather than learn from them which prevents them from increasing their sense of self-efficacy.

Characteristics of high self efficacy:

1) Self-confidence: One of the most obvious characteristics of high self-efficacy is self-confidence. They approach tasks or situations with a sense of their ability to be successful. This

self-confidence tends to lead to more experience which increases their ability which leads to greater self-confidence. This positive cycle lends itself to increasing self-efficacy even further. 2) Accurate self-evaluation: Individuals with high self-efficacy tend to be able to accurately evaluate their performance. They are neither overly-critical nor overly positive but are able to examine themselves realistically in order to pursue self-improvement. 3) Willingness to take risks: Those with high self-efficacy are willing to take risks because they understand that taking calculated risks increases the chances of success. As they are not fearful of failure or mistakes, reasonable risks can only increase self-efficacy. 4) Sense of accomplishment: Generally those with high self-efficacy feel a sense of accomplishment because they are often more successful due to the willingness to take risk and to pursue interests. Even if they fail or make mistakes they feel a sense of accomplishment because they view mistakes as opportunities to improve themselves.

Good sense of self-efficacy but low self-esteem?

Self-efficacy and self-esteem are similar concepts but they are not the same thing. They do tend to correspond so that a person who is low in one is more likely to be low in the other. But it is also possible to have low self-esteem and yet have high self-efficacy. In fact, a lot of perfectionists show this combination frequently. Therefore, someone may tend to be overly-critical and negative about him and yet see himself as quite capable in certain areas. For instance, he might see himself as uninteresting and unlikeable but see himself as a competent architect. This occurs frequently with perfectionists because they are often competent at tasks with clear guidelines but feel uncertain in situations without clear "rules" such as relationships.

How can self-esteem be improved?

1) Eliminate negative self-talk: First and foremost, people with low self-esteem need to eliminate harmful self-talk. The negative labels and frequent self-criticism can only cause further damage. Eliminating negative self-talk doesn't mean you can't recognize and address problems, but it means to be careful about how you talk to yourself and to not be self-destructive. 2) Recognize strengths: Those with low self-esteem tend to focus on their weaknesses rather than focusing on their strengths sometimes claiming that there isn't anything positive they can say about themselves which is totally untrue. It is important to pay attention to strengths and to appreciate the strengths no matter how small they may seem. Once you recognize the strengths you need to reinforce the strengths through frequent focus on them. 3) Recognize self-worth: It is important to recognize that every person is a unique human being and have worth. Recognizing that one deserves to take care of himself and set limits and to reinforce this idea by continuing to focus on self-worth. 4) Accept mistakes: Recognize that mistakes and flaws are part of the human condition and don't make the committed person less than others. Instead, make equal with others. One may have flaws and make mistakes. The more actively we are involved in life, the more mistakes we will make. But being actively involved allows us more opportunity for success as well. Accept self—flaws and all. 5) Accept rejection: The more we believe that everyone doesn't have to like us, the less we need to feel bad or be ashamed of our imperfections. No one

can be liked by everyone! It is an impossible task. However, the person with low self-esteem often feels a failure if someone is disapproving or rejecting. Instead, he should congratulate himself if someone doesn't like him because he is a genuine person.

How to improve self-efficacy

1) Develop skill set: The most important way to improve self-efficacy is to develop the skill set that needed to be effective. If problem is the success at work, identify the areas of deficit and determine what is needed improve. Ask others to honestly evaluate skills and to give specific advice regarding improvement. Once it is known what is needed, do it again and again until you feel competent. That's how competence develops. People aren't born with competence; they have to learn and practice in order to become competent. 2) Modelling: One way to learn the necessary skills is to observe others. You can observe successful completion of tasks to learn how to achieve success. When you observe others being rewarded for their performance or successful completion of a task, you are more likely to be able to model yourself after their behavior. 3) Focus on specifics: To improve self-efficacy, it is best to focus on specifics. If someone gives you general feedback especially if it is negative you are less able to make changes than if someone can provide specific feedback. For instance, if you want a child to learn how to do dishes you don't say "These dishes aren't clean," instead you say "Let me show you how to load the dishwasher to get the best results." 4) Reinforcement: The more behavior is reinforced, the more likely it will continue. If you want to improve your self-efficacy focus on what you do well and reinforce it by giving yourself specific praise.

Positive thinking is no change in thinking.

The problem with artificial positive thinking is that it is not believable; therefore it cannot change the self-esteem. The main challenge of working with people with low self-esteem is to develop believable statements. So the challenge of improving self-esteem is to develop believable statements. Like "I'm a person who is willing to learn about myself and make improvements" or "I have courage because I am facing something that is very difficult for me" or "I am persistent. Even though happiness has eluded me I keep trying." Notice with these statements there are specifics attached to them. They are not general and overly positive. Instead, the statements are realistic with specific reasons why they are true. To change self-esteem, it is necessary to create these types of statements.

Self-awareness:

Johari window (9) is a simple and useful tool for understanding self-awareness with reference to self and others. Here self means the a person in group or team and others means other persons in the team or group. The four Johari window perspectives are called regions, areas or quadrants. Each represents information, the first quadrant represents open self that is known by the person about himself/herself and is also known by the others. The second quadrant represents blind self which is unknown by the person himself/herself but other people knew. It also third quarter represents hidden self what is known by the person himself/ herself but other people do not

know. The fourth quarter represents unknown self that is unknown by the person about himself/herself and also by the others. The aim is to increase the open self (area) by reducing blind area through feedback, by reducing hidden area by self-disclosure.

Self-disclosure

Development of a relationship is closely related to systematic exchanges in communication. Relationships generally begin with the exchange of superficial information and gradually move on to more meaningful conversations. In order to develop a more intimate relationship, partners must increase the breadth and depth of their conversations. Breadth includes the variety of topics two people discuss and depth is the personal significance of these topics (social penetration theory). This can be explained with an example of a wedge. The beginning of a relationship is represented by a narrow and shallow wedge because only a few topics are discussed. However, as the relationship goes on, the wedge should become broader and deeper, including more topics of personal significance. The wedge must drive through three "layers" in order for intimacy to develop. The first is superficial "small talk" with little personal information about the speakers. The next layer is intimate, with increasing breadth and depth and more personal details. The third is the very intimate level, where extremely private information is shared (10). Intimacy in these relationships can develop only if the persons involved reciprocate disclosures. Reciprocity must be gradual and match the intimacy of the other's disclosures.

Factors influencing self-disclosure:

The first is intra-individual factors that are on the child's mind and cause him or her to need social input. Biological development, cultural and social pressures, and individual maturity determine these issues, and, thus, a child's age, personality, and background also contribute to his or her level and need of self-disclosure in a relationship with a parent. Second set of factors is called contextual factors, which include the opportunities and situations that the individual has to disclose as created by the socio-cultural environment. Girls are noted for usually disclosing their problems, mostly to their mothers, while boys reveal more about bad grades, behavioral conflicts, and other issues to both parents. Certain people called high openers more likely to get others to disclose. Even people known to disclose very little are likely to disclose more to high openers. Thus, if parents are characterized as good listeners, trustworthy, accepting, relaxed, and sympathetic, as are high openers, then they will likely elicit more disclosure from their children. Feelings, positive or negative about the parent-child relationship during one's upbringing have also been found to correlate with the child's disclosures to the parents. Sometimes children qualify their disclosures by merely stating that they only disclose what they feel they want to tell their parents. Thus, some information is kept secret. This is dubbed selective self-disclosure.

Risks and rewards of self-disclosure:

Rewards: self-disclosure enable to know the self-better, improve physiological health and increase communication better. The self-disclosure of children to their parents is the main source of information to the parents to gain knowledge about their children and their daily lives.

The more parents know about their kids, the lower the rate of behavior problems among children, and the higher the children's well-being. Adolescents who disclose have been found to have lower rates of substance abuse, lower rates of risky sexual behaviors, lower anxiety levels, and lower rates of depression (11). The risks of self-disclosure include personal risks, relational risks and professional risks (12).

Self-disclosure on the Internet

There are four major differences between online communication and face to face communication. The first is that Internet users can remain anonymous. The user can choose what personal information (if any) they share with other users. Even if the user decides to use their own name, if communicating with people in other cities or countries they are still relatively anonymous. The second is that physical distance does not limit interaction on the Internet the way it does in real life. The Internet gives the ability to interact with people all over the world and the chance to meet people who have similar interests that one may not have met in their offline life. Visual cues, including those pertaining to physical attractiveness, are also not always present on the Internet. These factors have been shown to influence initial attraction and relationship formation. Finally, Internet users have time to formulate conversations which is not allotted in face to face conversation. This gives a user more control in the conversation because they do not have to give an immediate response (13)

Communication apprehension:

Communication apprehension is defined as an individual level of fear or anxiety associated with either real or anticipated communication with another person or persons. General personality traits such as quietness, shyness, and reticence frequently precipitate Communication Apprehension. When the ability and desire to participate in discussion are present, but the process of verbalizing is inhibited, shyness or reticence is occurring (14). The degree of shyness, or range of situations that it affects, varies greatly from individual to individual. Seven factors have been identified as causing communication apprehension. These are low intellectual skills, speech skill deficiencies, voluntary social introversion, social alienation, communication anxiety, low social self-esteem and ethnic/ cultural divergence in communication norms. According to Negative Cognitive Appraisal Model (15). Where a quiet child on being criticized for his or her early language performance, learned to expect negative reactions and subsequently learned to avoid them by keeping quiet. If the teachers, parents, or other children always reacting negatively towards a child's talk, the child will perform poorly and avoid oral communication situations (16). In adults it affect their degree of evaluation, subordinate status, degree of conspicuousness, degree of unpredictability, degree of dissimilarity, prior success and failure and lack of communication skills and experience.

Consequences of communication apprehension:

The consequences of Communication Apprehension are emotional, educational, and social. Shyness and reticence affect the social skills necessary for children to make friends. Shy students

tend to confine their career aspirations to vocations that require little oral communication. They seem to have a higher need to avoid failure, and they have less achievement or success motivation than other students. The teacher may regard quiet students as "perfect" in the classroom as they are not discipline problems. But often the CA students' lack of response or participation has a negative, spiralling affect--they are perceived as less capable, and are thus called on less frequently in class discussion. Their lack of enthusiasm tends to limit teachers' attention to them, which further reinforces their own self-evaluation (17). In the adults Communication Apprehension results in decrease in frequency, strength and likelihood of engaging in communication, least likely to volunteer, avoid leadership due to talking/disclosing less, avoid jobs requiring communication, less likely to get job interviews and lack of satisfaction in dating.

Much of the communibiological research done on communication apprehension has found that the causes of the affliction are inherited..Primary components of communication apprehension to be introversion and neuroticism and activation of the behavioral inhibition system is related to anxiety (18). People with low communication apprehension communicate for pleasure, affection, control, and relaxation while people with high communication apprehension communicate for inclusion and escape. Communication apprehension in the first language predicted communication apprehension in the second language. Although, the basis of a person's communication behavior is based on genetics, a good portion of their behavior is also affected by the culture they are raised in. In fact, the communication behaviors ethnocentrism and homophobia were found to have no relationship with a person's genetic make-up or temperament.[11] These traits are instead developed through culture. Apprehension increases with unfamiliarity, more and more stereotypes and prejudices in the culture. Situational influences includes ambiguity, status and perception of evaluation.

Prevention and treatment of communication apprehension:

To address the problem of CA on a somewhat broader level, (16) proposes a four-phase strategy where teachers in training should take more than an introductory course in oral communication (e.g., a course aimed at understanding the communication behaviors of students, create basic communication courses in the earlier elementary grades, to provide specialized treatment for quiet/shy students on a voluntary basis and develop classroom activities that encourage oral communication

Treatments include cognitive restructuring which involve changing unrealistic beliefs which cause fear of failure. The most commonly used treatment for CA in adults has been "systematic desensitization to unlearn apprehension creating hierarchy behaviours leading up to desired behaviours" This includes training in deep muscle relaxation, construction of anxiety-creating stimuli, and the graduated pairing, through imagery, of these anxiety stimuli with the relaxed state (19). Variations of these methods may also be effective for younger students (20).

Acquiring skills like preparing and practicing, focussing on success, familiarizing with situation and relaxing. Preventing or alleviating communication apprehension for every student is a monumental if not impossible task. But simply recognizing that CA is a frequent phenomenon that often occurs early in students' lives can be a spur toward eliminating many factors that contribute to the quiet child's withdrawal from communication.

CONCLUSION:

Our communication style and inner self are mutually dependent and affect each other. Since our self evolve in different phases in our life it needs to be nurtured through the healthy socialisation process to achieve all round development.

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The Investigation of Validity and Reliability of Job-Satisfaction Questionnaire

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ABSTRACT

Purpose: This study has been done with the aim of seeking norms and investigating reliability and validity of job-satisfaction inventory and in line with preparation of appropriate tools to evaluate job satisfaction. **Method:** in form of a periodical study 2760 people were selected from the staffs of five variety profession of managers, bosses, employee, salesclerks and workers by categorical sampling and they filled the job-satisfaction inventory which contained sixty statements. Also to investigate the validity of the structure factorial discovery and confirmatory analysis and to investigate reliability Cronbach's alpha and to analyze the data SPSS 19 and AMOS 18 were used. **Findings:** the results of data analysis represented 24 options from the 60 early raw options had the respective attribute and value and incorporated in final version. Moreover with cyclical varimax, and additive variance of 48.12 % and Kaser-Meyer-Olkin index of 67%, three factors of individuality, organizational and work nature were discovered. Furthermore the results of data analysis showed that the higher amount of variance of job-satisfaction were devoted respectively ,regarding distinction of lines, to organization(3.47), south dairy(3.41),west dairy(3.39), fleshy(3.38), drinking(3.38), Tehran dairy(3.35), north dairy(3.35), ice cream(3.35) and trade(3.32). **Conclusion:** with respect to measured indices of reliability and validity, the psychological features of job-satisfaction questionnaire were all reported appropriate and can be used as a reliable and valid tool to measure staffs' job satisfaction.

Keywords: *Job Satisfaction, Validity, Reliability.*

Perhaps it can be said that among all of concepts that management and organizational behavior experts have investigated in various situations, job satisfaction has been one of the most important research fields. The reason of this importance can be investigated from two aspects. First it is because of the important role it plays in improving and development of organization, sanitation and health of workforce. Second it is because of concept of job satisfaction itself that beside having various definitions, is the central meeting point of many scientific fields like

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psychology, management, sociology, and even economy and politics. Job satisfaction is one of the important factors that should be considered in economic development since it has played an important role in job success and has caused increasing of efficiency and individual satisfaction (ShafiAbadi, 2002).

From the historical point of view job satisfaction has been investigated since 1920s and lots of theories have been proposed for it. The variety of its approaches and theories could be accounted for by three main points of view which had formed in 1920 and 1930 and more than anything else had affected the concept of job satisfaction. These three views are: 1. Human relations movement: 2. Workers unions: 3. Development view or nature of work (Korman, 1999). Job satisfaction typically concerns with staffs' attitude. This notion has various aspects and may represent the general view toward job. Job satisfaction as a set of individual emotions has a dynamic nature, i.e. it will be vanished in the same way and with the same degree it has been appeared. Therefore, to stabilize it, continual attention of managers is necessary (Davies and Strom, 1991).

Everybody in their daily life will be encountered with different subjects that will be considered appropriate or inappropriate by them and they express satisfaction or dissatisfaction in facing and doing them. Job environment too will induce different emotions in individuals that feelings of satisfaction or dissatisfaction are among the most important ones (Lavar, 1997). Theoretically job satisfaction is a set of adaptive and non-adaptive feelings that staffs look at themselves by those feelings. When staffs join the organization, they have with them a set of past wants, needs, and experiences that together make job expectations that are a sign of relation of staffs' new expectations with rewards that that job provides (Davies and Strom, 1970). According to view of Shafiabadi (1997) job satisfaction which is a kind of positive feeling toward work is the outcome of factors like the situation of work environment, job's organizational discipline, the relations prevailing upon work condition, and the effect of cultural factors. Thus it can be stated that job satisfaction is a psychological feeling that is affected by social factors.

Fledman and Arnold (1995) define job satisfaction in a form of a set of positive feelings and tendencies that people have relative to their jobs. Davies and storm have enumerated the advantages of job satisfaction under three efficiencies: manager will become aware of job satisfaction trends, causes cohesive relationship between employee and organization's higher positions, can be a sign of managers' dependency on staffs' welfare and is a useful method to determine some of the instructional needs and usually provides staffs with opportunity to express their feelings towards the working method of bosses (Jafari, 1381).

The relationship between job satisfaction and performance of people in specialized, administering, and managing positions is strong and direct (robinz, 1986). Those staffs that have poor performance didn't have the right enough feeling of competence and performance and probably have lower receptions and it is common that it would have a negative effect on their job

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satisfaction (Fledman, 1995). There is a positive relationship between job satisfaction and positive efficiency meaning that those who have higher internal satisfaction toward their job are more effortful at least in some part of their work conditions (Davies and Storm, 1370). Arjis's studies (1976) showed that more effortful workers are more satisfied and more loyal to their organizations.

Job satisfaction has opposite relationship with the extent of staff's movements and this relation is stronger than that of job satisfaction with number of absences. Satisfied workforce, because of decrease in absences, will result in increase of efficiency (Fledman, 1999). The relationship between job satisfaction and life satisfaction has been reported to be strong (Rezaeian, 1979). The results of studies show that keeping and maintaining the work force, needs analysis, understanding of wants, motives, provision of job satisfaction and improving of mood and promotion of staffs' psychological sanitation should be highly considered. Considering these cases along with inducing positive attitude in staffs relative to work and customer and taking appropriate steps in conforming individual goals (staffs' job satisfaction) to organizational goals is an important step for efficiency and efficacy of organizations. Therefore, we should recognize the appropriate ways in developing staffs' job satisfaction so that with moving in that line, we easily provide them with necessary motivation (Hoseinizadeh, 1379).

In this line shortage of appropriate tools to evaluate the index of staffs' satisfaction is highly felt as a standard for organizing of programs of macro organizations. With respect to what we have seen and with regard to current shortages in realm of psychological tools we intend to investigate psychological indices of one Iranian made questionnaire. We hope that the findings of this research can help the industrial and productive centers to reach their great goals.

METHOD

This research is a kind of periodical analysis with aim of standardizing job-satisfaction questionnaire that had done on a sample of 2760 persons by field finding. Sampling method in this study was categorical and multi-phase based on expertise levels. Criterion of selecting one person in this study was formal or conventional membership or based on a contract, and criterion of exit from study was not having intention of active participation in research process. After data collection, analyses were done generally. Also demographic information of subjects was used as complementary data.

Size Of Sample

With respect to nature of this research and with regard to type of research design, size of sample in studies like this will be estimated as 10 subjects or 100 subjects in appropriate condition relative to each index or option of questionnaire. With regard to 24 options of marital satisfaction questionnaire, the size of sample of this research was considered as 2400 persons. With respect to 15% relative estimation of emission of subjects from sample, 360 persons were added to sample size and at last 2760 questionnaires were distributed between subjects.

Ethical Principles

Conscious satisfaction in this research has been obtained without any compulsion; threading, stimulation and temptation, and people's refusal of agreement and of continuing to participate in research process were respected. It has been tried not to divert from subjects' religious and cultural positions and norms and participants in all phases of research were protected with regard to their generosity, respect, mental and physical well-being so that doing of research would not make any interruption and disorder in the process of medical control of subjects. To ensure moral norms, subjects of waiting list after finishing of research, were periodically presented with five sessions of mother-child interaction therapy.

Statistical Analysis

To analyze the data in this study descriptive statistics method (percent, mean, and standard deviation) and inferential statistics (factorial discovery and confirmatory analysis) were used. To statistically analyze the data, SPSS 18 and AMOS 18 software were used. Also demographic information of subjects was used as complementing data. To investigate the validity two methods of content and face and to investigate reliability, internal correlation and corn Bach Alpha coefficient were applied.

RESULTS

Gender distribution of sample of 2760 people, was in form of 1781 men (65%) and 959 women (35%). Men's average age was 37.12 with range of 12.3 and women's average age was 29.54 with range of 7.21. The extent of job satisfaction in multiple centers is represented in table1.

Table1: average distribution of marital satisfaction in 9-section units.

Organizational level	managers	supervisors	experts and employees	workers		average of job-satisfaction
north dairy	3.56	3.46	3.31	3.12	3.31	3.35
Tehran dairy	3.53	3.30	3.38	3.20	3.36	3.35
west dairy	3.67	3.52	3.43	3.17	3.19	3.39
south dairy	3.81	3.41	3.40	3.17	3.24	3.41
fleshy	3.64	3.64	3.41	3.15	3.25	3.38
ice cream	3.51	3.49	3.43	3.13	3.19	3.35
drinks	3.57	3.51	3.22	3.39	3.21	3.38
trading	3.51	3.43	3.45	3.13	3.05	3.32
organization	3.68	3.43	3.40	3.12	3.37	3.47

In diagram 1 average distribution of job satisfaction is presented.

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Diagram1: extent of job satisfaction

In table 3 correlations is represented under domains of three main indices together.

Table 3: correlation under sections of questionnaire

sub factors	individuality	organizational	work nature
individuality	0.274*	0.212*	-
organizational	0.196*	-	0.217*
work nature	-	3.21**	2.414*

*CL: 0.05, **CL: 0.01

As it has been considered to investigate validity of the questionnaire, content validity method was used. Thus with respect to experts opinion 60 questions were developed. Then some of the experts tested them for their briefness and cohesion based on CVR and CVI indices. The result of this analysis of decreasing of inventory questions based on factorial discovery analysis by anti-image matrix was 24 options of questionnaire. Through Varimax *rotation*, three factors with accumulative frequency of 48.12% and Kaser-Meyer-Olkin index of 64% were discovered. Three respective factors based on researcher's view were: individual factors, organizational factors and work nature. Furthermore average approximate squares (RMSEA) was lower than 0.05 and amounts of higher than 0.7 were obtained for accuracy indices of three discovery options that represents model's suitability index and its efficiency. Reliability of questionnaire by Cronbach's alpha was 89% which was considered suitable for its reliability.

DISCUSSION

This research was a kind of study to investigate reliability and validity of a researcher-made questionnaire that was done to investigate job satisfaction index in staffs of management and service sections. The results of research showed that this job-satisfaction questionnaire had

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significant reliability and validity. Moreover to derive key factors, three factors of individuality, organizational and work nature were derived by factorial discovery analysis. Altogether the results showed that job-satisfaction questionnaire has appropriate reliability and validity. This study has done based on importance of concept of job satisfaction. Job satisfaction means to love different tasks of each job, conditions under which the job is done and the reward that is paid for doing that job. Therefore, it is a complex and multi-dimension concept that is related to different psychological, social and physical factors. Not just one factor can lead to job satisfaction but it is a combination of different factors that cause the employed person feels satisfaction at one specific moment from his or her work and would say to him and her that they are satisfied with their job and enjoy it. People with emphasizing different factors like income, job's social values, work condition and its environment and job interest in different times would express their satisfaction differently. Therefore, job satisfaction is an emotional response that obtains by individual's understanding of this fact that their job provides their respective job values or allows them to meet these values. Besides, job satisfaction depends on concordance of these values with personal needs (Shertoz, 1371). Some studies have been done in this regard. For example, Hoseinizadeh (1379) had investigated the effective factors on job satisfaction of employees of teacher training university. The result of his research showed that personal information has no effect on the way of answering inventory questions. In other words employees have different personal features but they have similar views and opinions and the factors that lead to their job satisfaction or dissatisfaction has same effect on them. Ashraf Arabi(1377) investigated the inducing factors of job satisfaction in staffs of national rehabilitation center by descriptive method. Results represented that 47 percent were satisfied with their jobs, 63 percent were indifferent and 19.4 percent were dissatisfied. For example results of Yusefpour's(1377) study with subject of efficiency of overtime work income on job satisfaction of railway staffs represented that overtime work plan had been effective in job satisfaction and efficiency of organization.

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Conflict Of Interests

The author declared no conflict of interests.

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The Relation between Parenting Stress and Marital Satisfaction of Mother with Efficacy Students with Visual Impairment, a Relation Design

Nooshin Asadi^{1*}

ABSTRACT

Introduction: Evidence suggests that parents of children with mental or physical problems are more likely to have encountered numerous problems. **Objective:** The presented study was conducted with aim to determine the relation between marital satisfaction and parenting stress of mothers with efficacy in students with visual impairment. **Method:** this plan carried out in the area of descriptive studies in the form of causal-comparative study. The target formed the population included all male students with visual impairment living in Tehran and Karaj. For this purpose sixty (N =60) Students (age range 22-12, with average age: 18.2) were selected by available sampling method .Data collection was used on survey methods to assess index of parenting stress, marital satisfaction and self-efficacy questionnaire work by Schafer (response rate = 93%), Enrich (response rate = 90%) and general self-efficacy (response rate = 89%). Data collected were used with the help of Pearson correlation test, F-test and regression analysis. As well as qualitative data were analyzed obtained from the assessment coding demographic and qualitative data analysis tool Atlas.ti-5.2. **Results:** Data analysis showed that amount of stress between parenting stress and marital satisfaction with self-efficacy of children is significant. In this regard, parenting stress of mothers was determined by three variance levels of academic self-efficacy ($r=-0.35$), Social ($r=-0.27$) and emotional ($r=-0.28$). The results showed that women share of parenting stress in mothers in define of self-efficacy students was higher than the share of marital satisfaction. **Conclusion:** As the research literature shows, the results reflect the tension between the components of marital satisfaction; styles of parenting and students' self-efficacy, the findings also offer preventive implications that could be important in the area of applications.

Keywords: Self-Efficacy, Parenting Stress Of Mothers, Maternal Marital Satisfaction.

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One of the most natural Groups that can satisfy the Needs of a Man is a Family. Duty of Family is to protect and train Children, Establishing Healthy connections of family members with each other And Help Toward independence of Children, Even If the Child is mentally Retarded, blindness or deafness. Blindness is a Special Condition and situation that appears in the effect of different terms Before or after Birth (Michaeli, 1387). Certainly birth and presence of children with vision problems can be considered an adverse event and challenging in every household, which may follow with stress, frustration, sadness and despair. several evidences show that parents of children with mental or physical problems are more likely to have emotional problems, limiting economic and social nature often with devastating and pervasive encounters, (Khamis, 2007). Although all family members and their functions in such a situation are damaged (Hearing et al., 2006) due to the traditional role of mothers 'Watchmen', they assume more responsibilities for their children which as a result, they encounter more psychological problems. Assumption which is based On is That Difficulties Related To Care From Son problematic, Parents and Specially leaves Mothers Exposed to the dangers Related To Mental Health which affect children and his performance (Olson and Huang, 2001; McConkey et al, 2007). Mother is the First Person That Establishes Straight Relationship with the Children. Problems that Mothers face With Children , the Children need for Ongoing care, The importance of Building the Special conditions for Growth, Parents experience tension due to lack of skills, behaviors of children self-care in this group of Children, Are all the grounds to provide weakness to a normally functioned mother. Existence of such problems will have an increase in average non marital satisfaction of the mothers of disabled children compared with mothers of normal children. Also, the expectations away from the ability of children and in its wake not meeting the expectations cause the failure of parents (Hind, 2004; quoted mehrabi, 1383). In total, these conditions can cause stress in the field of child development, lack of interest in relation to the environment, a sense of low self-esteem and mother's worthlessness and negative consequences such as low self-efficacy, anxiety, aggression (Narimani et al, 2007), low self-esteem and severe depression (lajevardi, 1371) to be followed in children's and their health risks (Mohammadi, Dadkhah, 1381). Efficacy of social cognitive theory, Albert Bandura (1997) is derived that beliefs or judgments of a person refers to his or her abilities to perform the duties and responsibilities (Karadenas, 2007; quoted Maher, 1386). Knowledge and understanding of their individual capabilities is known as efficacy. This concept have been studied for nearly three decades by psychologists and theorists (Harington and Olson, 2005; quoted Saif al, 1385).refers To feel self-esteem, self worth, a sense of efficacy in dealing with life (Bandura, 1997; quoted Seif et al, 1380). , At the age of eight children in his own descriptions is less objective and is more focused on psychological aspects.) and often compare themselves to others and thus lay the foundations of self-efficacy in children (Harington, 2000; Toozandehjani and Kamalipour translation, 1380) Self-efficacy is the result of the interaction of organism and environment. It can be said simply believing one's self features include: needs, motivations, attitudes, abilities, knowledge and understanding that forms behavior patterns (Amini, 1375). Most sociologists and psychologists have mentioned that some positive self-concept to be synonymous with high self-

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efficacy and some self-esteem to be synonymous with efficacy (Marchty, 2002, quoted by gohari, 1377). Research has shown that , there is a relation between parents, parenting styles and self-efficacy (crown , 1996; Moore, 1998; quoted by Fathi ashtiani, 1378). National self efficacy, is now one of the distinguishing factors of advanced and backward nations. Studies have shown that human resource of advanced countries have high efficacy and hence trying to increase the features of long-term plans countries around the world And high-efficacy is directly related to marital satisfaction and parenting styles (Ross, 2002; quoted by Karim Zadeh,1380).

On the other hand parenting process refers with knowledge in every aspect of health, physical development, personality, mental, emotional, emotional, social, from infancy to adulthood (Isaacs, 1995; quoted by Rajayi, 1387). Parents who waver in their communication, lack of confidence and disagree with stability in the upbringing of their children, the parenting based on pattern of exclusion, extreme protection with negligible or control, dual discipline, moral standards emotional frailty using bulk their behavior in children neurotic the consolidation and dumped into the emotional and affective children in dire need and in such circumstances the sense of trust and security that the healthy emotional development of numerous fails (yrehcireB, 1998, quoted by Dehghanpoor and Khrazchi, 1377). On the other hand, Marriage satisfaction refers To feel Happiness, Satisfaction And Pleasure By Female Or Husband when they consider All Aspects Of Marriage, (Hawkins, 2003; quoted by Sana'i, 1378). By definition, a couple's marital satisfaction is defined in the dictionary as a performance and appropriate behavior based on traditional tasks, customary law for each of them in family (danaee, 1391). Also, Ellis (1989) States that marital satisfaction and feeling of happiness, satisfaction, and joy experienced by the husband or wife when they consider all aspects of their marriage (Soleimanian, 1373). As mentioned, each Family has a Special Style in their children's Upbringing Under the Title of Parenting which is affected From different Factors like Cultural factors. most of the disorders and incompatibility of Children caused by attention deficit often is in this sensitive period (Hall, 2000; quoted by nejati 1379). Given the importance of these issues and concerns in regard to the application of prevention and treatment, aimed to study the relationship between mother's parenting stress and marital satisfaction, self-efficacy (related to parenting stress with the efficacy of students) and students with visual impairment and blindness.

ETHICAL PRINCIPLES

In this study, the informed consent was obtained without coercion, threat, enticement and seduction and their decision to refuse or accept to participate in the study were respected. It was also tried that the research methods do not contradict with the religious and cultural principles of the participants and the participants were respected in all stages of design, implementation and reporting in terms of human dignity, respect and protection of their physical and mental integrity so that conducting the research would not delay in the process of medical care for the participants.

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Size of Sample

Given that the statistical method in this research is correlation and regression analysis and in regression analysis, sample size must be between 20 to 25 times of predictor variables (Homan, 1381) Thus, with regard to twenty participants for each of the three ranging study of 60 subjects were used in this study.

$$N = 3q = 3 \times 20 = 60$$

Statistical Analysis

In the present study due to the nature of the study and previous research to examine the relation between three variables of parenting stress, marital satisfaction and self-efficacy and according to the distance of the scale of all three parametric test, regression analysis and Pearson test the significant relation were analyzed by t-test.

METHOD

This study is a causal-comparative plan and solidarity in the field of descriptive design. The target formed a population included all 12-22 year-old male students with visual impairment living in Tehran and Karaj. The presented study data were collected in a survey in 1393 during 1 June until 1 March, using questionnaires and clinical interviews. For this purpose sixty (N =60) students were selected through convenience sampling. The method of collecting data was survey and indicators to measure parenting stress, job satisfaction and self-efficacy questionnaire by Schiffer, Enrich and general self-efficacy were used. Data collected were used with Pearson correlation test, F-test and regression analysis. As well as qualitative data were analyzed obtained from the assessment coding demographic and qualitative data analysis tool ATLAS.ti - 5.2. In the first stage with the kind permission of the Department of Education and in coordination with the school administrators to inform parents and students of the overall objectives of the research, the questionnaire was available to parents and students. Then the parents and students were asked to carefully and fully complete the questionnaire. After completing questionnaires from parents and students in this study were appreciated.

Instruments

- **Enrich paired Scale:** This Likert questionnaire consists of 35 items that evaluate potential problematic areas and identify areas of strength used in the marital relationship. By David Olson and Amy Olson couple Enrich Inventory questionnaire in 2000 was conducted on 25,501 married couples. Alpha coefficients for subscales of marital satisfaction questionnaire, communication, conflict resolution, and idealistic distortion, respectively, 0.86, 0.80, 0.84, 0.83 and test-retest reliability for each subscale questionnaire in order 86/0 , 81/0, 90/0, 92/0 reported. In this comfortable research comfortable alpha coefficient of the questionnaire (1389) with 365 couples, respectively 0.68 (with the removal of question 24 is an alpha 0.78), 0.78, 0.62 and 0.77 on the Came. Mirkheshti research in Iran (1375), Mahdavian (1376), Moradi (1380), Sanaee (1381),

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haghshenas (1383) have shown that the scale of Utrecht and Persian translations of validity and reliability is required.

- ***Parenting stress Inventory (PSI)***: questionnaire with Items 101 of by Abidin 1967 is designed and based on the level of stress in the evaluation of the child's parents. The questionnaire is based on the principle that stress (stress) of some of the features of parenting children and some directly related to the characteristics of parents who are affected by it (Abidin, 1995, translated by Alizadeh, 1388). Short form of parenting stress test with 36 questions to evaluate three subscales Discomfort of parents, the child and the child dysfunctional interaction designed is difficult. Short form of Parenting stress test is involved in the credit of long form, (Abidin, 1995). Because it was adapted directly. At the same time validity combined score of 101 long-form question, parenting stress, 95% have been reported (Abidin, 1995; quoted by K., 1388). Estimate the reliability of the test - retest and internal consistency of the scale composite (combined), 91% have been reported (Abidin, 1995; quoted from K., 1388). Test-retest reliability by 53 women with an interval of 6 months and reliability of the overall stress of 84% was achieved, as well as reliability of the questionnaire in the study Abidin. (1388) using Cronbach's alpha equal to 92 % have been reported.

- ***Adolescent social self-efficacy scale***: Adolescent social self-efficacy scale in 1989 by Kennelly was made in order to measure efficacy in adolescents. This is a self-report tool, which has 25 items. Adolescent social self-efficacy scale has five subscales: social decisiveness, performance in social situations, participate in social groups, aspects of friendship and intimacy, help or assistance, total scores between 25-175, and higher scores indicate participants are high levels of social self-efficacy. Cronbach's alpha coefficient of the test in the first group 0.90, 0.92 in the second group and the third group was 0.95. Retest reliability of the method in the first two weeks of 0.94 is at a distance of retest reliability coefficient for men as well as women's 0.81 and 0.86 have been reported. A significant positive correlation between self-efficacy scale scores adolescents and their perception scale silhouette was seen in the first and second groups (Harter, 1982). It also scores of this scale and scale compatibility between high school student surveys to evaluate the Group has significant correlation (Printz et al, 1978).

RESULTS

Demographic features of the participants

Table 1: Demographic status of the participants of the study

variable		central tendency			Distribution			Distribution Index	
	mode	median	Mean	variation range	Variance	SD	SD error	curvature	Elongation rate
Parenting stress	84	102	107	97	727.4	26.97	3.93	0.43	-.88
Efficacy students	120	116	109.6	131	900	30	4.16	-0.79	-0.003
Academic efficacy	33	35	34.07	44	100.90	10.04	1.36	-0.63	-0.37
Social efficacy	37	33	33.05	40	84.74	90.20	1.26	-0.50	-0.15
Emotional efficacy	105	37	36.54	44	119.59	10.93	1.50	-0.61	-0.37
marital satisfaction	105	107	108	46	62.10	7.88	1.12	0.4	2.02

As seen in Table 1, statistical indicators are proposed, such as mean, median, standard deviation and the Elongation.

Kolmogorov-Smirnov test

As you are aware, one of the preconditions for the use of parametric tests, is normality of distribution in research variables, the Kolmogorov-Smirnov test was used to investigate the above preconditions that results is provided in Table 2.

Table 2: results of Kolmogorov-Smirnov test

Variable	Z	Sig.
Parenting stress	0.83	0.49
Academic efficacy	0.98	0.29
Social efficacy	0.83	0.48
Emotional efficacy	0.88	0.41

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According to the results in Table 2, it can be concluded that all variables studied were normal, as a result to evaluate the assumptions of the study parametric tests can be used.

Regression analysis

In order to investigate the contribution of predictive variables in explaining the dependent variable regression analysis, the results are presented in Table 3.

Table 3: result the Regression analysis

Resource changes	SS	df	Mean	df	Sig.
Regression	6967.13	2	3483.5		
residual	30319.8	38	797.8	4.36	0.02
Total	37286.9	40	-		

According to the table above and the significant level calculated to be acknowledged that the explanatory power of self-efficacy students through the variable mother's parenting stress and marital satisfaction is significant, between self-efficacy variable mothers' parenting stress and marital satisfaction there is a significant relationship between students. For a more detailed the regression coefficients explanations are presented in Table 4.

Table 4: Regression coefficients of the variables parenting stress and marital satisfaction

Factors	B	SD	Beta	T	Sig.
Constant	100.91	79.08	-	1.27	0.21
Parenting stress	0.42	0.17	-0.37	-2.37	0.02
marital satisfaction	0.48	0.64	0.11	0.75	0.45

Through the table above and reference to the amount of the calculated beta -0.37 And 0.11 it can be acknowledged that parenting stress has more ability to explain and predict the efficacy of the students.

Table 5: The correlation coefficient between mothers' parenting stress and self-efficacy

Variable	Correlation	Coefficient	Direction	R ²	Sig.
Parenting stress and students efficacy	Pierson	-0.31	Negative	0.10	0.05

According to the table above and the obtained correlation (-0.31) can be concluded that between stress and parenting efficacy in students. Also, due to the negative correlation can be concluded that the higher the mother's parenting stress, lower self-efficacy of the students coefficient

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amount of determination 10% shows that 10 percent of self-efficacy of the students with their stress levels is predictable.

The correlation scatter plot

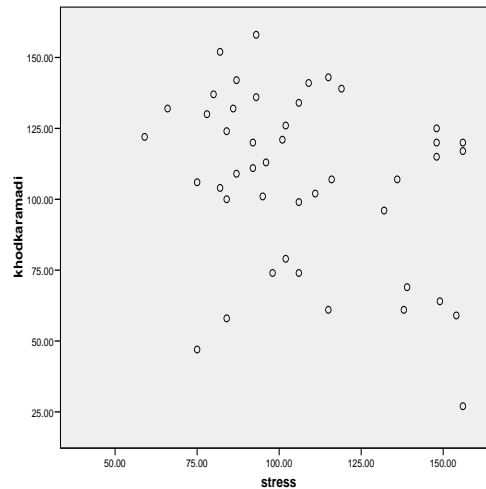


Figure 1: Distribution correlation between mothers' parenting stress and self-efficacy

Table 6: The correlation coefficient between mothers' parenting stress and self efficacy

Variable	Correlational	Coefficient	Direction	R ²	Sig.
Maternal marital satisfaction and self efficacy	Pierson	0.23	positive	0.5	-

According to the results presented in Table 6, the observed correlation coefficient is not significant.

Table 7: The correlation coefficient between mothers' parenting stress and self efficacy

Variable	Correlational	Coefficient	Direction	R ²	Sig.
Marital satisfaction and parenting stress of mothers	Pierson	-0.38	Negative	0.14	0.05

According to the table above and the amount of calculated correlation (-0.38) that are meaningful in 0.5, it can be said that there is significant relation between parenting stress and marital satisfaction. Also, due to the negative correlation can be concluded that the higher the mother's

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marital satisfaction, it reduces the parenting stress. Coefficient of determination shows that 14 percent of marital satisfaction with maternal stress is predictable.

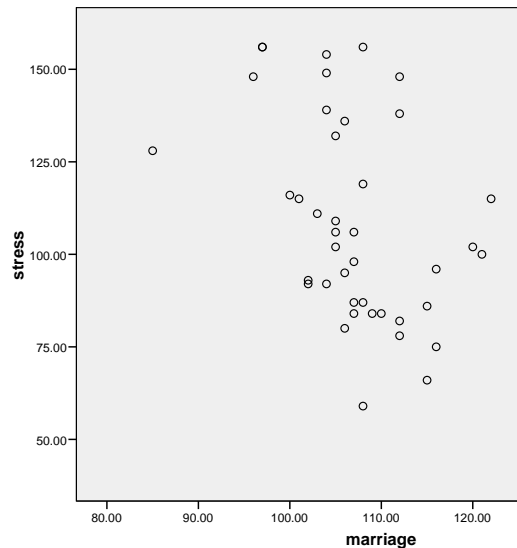


Figure 2: Distribution correlation between marital satisfaction and parenting stress of mothers

Table 8: Correlation coefficient between parenting stress and academic self-efficacy

Variable	Correlational	Coefficient	Direction	R ²	Sig.
parenting stress and academic self-efficacy	Pierson	-0.35	Negative	0.12	0.05

According to the table above and the amount calculated correlation (-0.35) In 0.05 level is significant that one can believe that there is a significant relationship between parenting stress and self-efficacy in education of children,. Also, due to the negative correlation can be concluded that the higher the mother's parenting stress, academic self-efficacy is reduced. Coefficient of determination shows that 12 percent of their students' academic performance is predictable with their stress.

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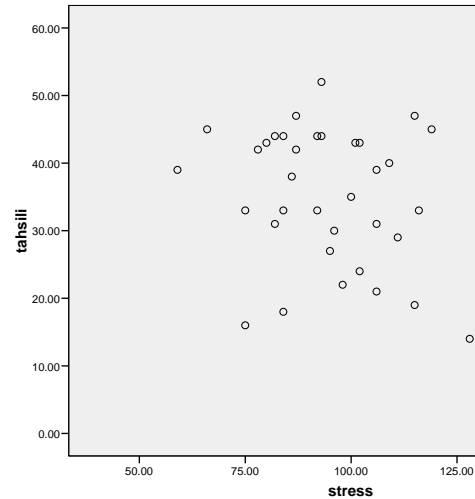


Figure 3: Distribution correlation between mothers' parenting stress and academic self-efficacy

Table 9: Correlation coefficient between Mothers' parenting stress and social self-efficacy

Variable	Correlational	Coefficient	Direction	R ²	Sig.
parenting stress and social self-efficacy	Pierson	0.27	Negative	0.07	-

The calculated amount is significant And it can be concluded that there is a strong correlation between the two variables.

Table 10: Correlation coefficient between Mothers' parenting stress and emotional self-efficacy

Variable	Correlational	Coefficient	Direction	R ²	Sig.
Mothers' parenting stress and emotional self-efficacy	Pierson	-0.28	Negative	0.08	-

The calculated amount is significant and it can be concluded that there is a strong correlation between the two variables.

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Table 11: Correlation coefficient between Maternal marital satisfaction and academic self-efficacy

Variable	Correlational	Coefficient	Direction	R ²	Sig.
Mothers' parenting stress and emotional self-efficacy	Pierson	0.29	Positive	0.08	0.05

According to the results table above and the amount calculated correlation (0.29) at the significant level of 05/0, it can be said that there is a significant relationship between marital satisfaction and self-efficacy among the blind school children. Also, due to the positive correlation can be concluded that the higher the mother's marital satisfaction, the higher the self-efficacy of high school students 0.80 amount of coefficient of determination shows that 8 Percent of their students' academic performance is predictable with their marital satisfaction.

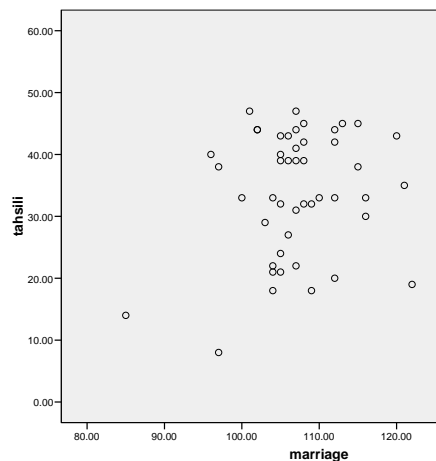


Figure 4: Distribution correlation between marital satisfaction and academic self-efficacy

Table 12: Correlation coefficient between maternal marital satisfaction and social self-efficacy

Variable	Correlational	Coefficient	Direction	R ²	Sig.
Mothers' parenting stress and emotional self-efficacy	Pierson	0.32	Positive	0.10	0.05

According to the table above and the amount calculated correlation (0.32) at the significant level of 0.05, it can be said that there is a significant relationship between marital satisfaction and social self-efficacy among children. Also, due to the positive correlation can be concluded that the higher the mother's marital satisfaction, the higher is the self-efficacy of students. Amount of

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coefficient of determination 10% shows that 10% of social self-efficacy students with marital satisfaction of their mother is predictable.

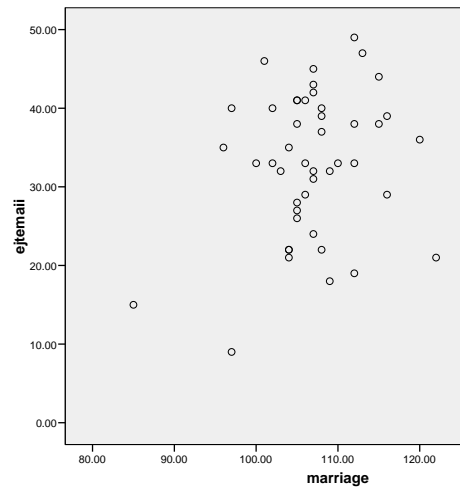


Figure 5: Distribution correlation between marital satisfaction and social efficacy

Table 11: Correlation coefficient between Maternal marital satisfaction and emotional self-efficacy

Variable	Correlational	Coefficient	Direction	R ²	Sig.
Mothers' parenting stress and emotional self-efficacy	Pierson	0.22	Positive	0.05	-

The calculated amount is not significant And it can be concluded that there is a connection between the two variables.

DISCUSSION

After a study of the relationship between parenting stress and marital satisfaction of efficacy students with visual impairment and blindness was performed. The results showed that there is significant relation between parenting stress and marital satisfaction with self-efficacy of children. Between parenting stress of mothers with three levels of academic self-efficacy ($r = -0.35$), Social ($r = -0.27$) And emotional ($r = -0.28$) A significant relationship exists. The results showed that the share of parenting stress in mothers define self-efficacy students more than the share of mother of marital satisfaction. There is also a significant inverse correlation observed between the two components of marital satisfaction and parenting stress.

Yaghob Khani (1372), mehrafroz (1381), Hosseini nesbat (1387), Kimberley (1386), Kimberley et al (2010) in their study concluded that there is significant relation and negative correlation in

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parenting stress with efficacy .In this regard valizadeh (1390) in his study je carried samples consisted of 304 students that aims to determine the role of self-esteem and self-concept of intermediary in the relationship between parenting styles and academic achievement that the direct effects of three permissive parenting styles, authoritarian and authoritative are significant academic achievement requirements. Yousefi (1386) in his study With the Title Relationship Style of parenting by parents With social Skills And Aspects From Self-concept Knowledge of High school Students, the results of his study suggests That Iranian Children that Belong To decisive Families completely lack less social skills. In another study yaghobkhani (1372) on the effects of family environment on children's achievement showed the warmth of family is positively correlated with academic achievement. Warm and more controlled Families showed more success. Johnston and Chen (2010) showed in their studies that the overall academic achievement of students with authoritarian parenting style have no negative relationship with the authoritarian style of communication (bitaraf, 1389). On the other hand Henriksen and Rocker (2000) have been shown in their research that styles of parenting, especially supportive parenting styles, led to the formation of children and adolescents, while the lack of support and the use of authoritarian methods leads to various problems such as substance abuse and dropout. Schunk (1996) in his study showed, positive academic motivation and academic achievement are linked with authoritative style. This style provides background which through it parents reinforce children's independence and individuality; they create opportunities for the family to decide on their participation. In several studies (Dornbusch et al, 1987; Lamborn et al, 1991; Steinberg et al, 1994) shows that authoritarian, permissive, and neglectful stringent fee has a negative correlation with academic achievement.

STUDY LIMITATIONS

This study is similar to other studies of people with limitations such that it can be used as follows: 1) the presented study only been used within the students with impaired vision com and 2) lack of control in other factors affecting the efficacy of the limitations of the present study can be outlined.

RESEARCH IMPLICATIONS

Going on to mention several proposals in order to apply in future studies: 1) It is recommended that efficacy be reviewed in other exceptional groups as well as others , 2) it suggests that self-efficacy be reviewed in college students and other ages 3) is recommended in order to assess the efficacy female sample be used.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict Of Interests

The author declared no conflict of interests.

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A Comparative Study: Need for Affiliation and Gratitude among Young Adults Who Are/Aren't In a Relationship

Sneha Gulati^{1*}, Shifali Nehria¹, Dharmesh Meena¹, Mohd Mustafa¹

ABSTRACT

Humans, as social beings, have an inherent need for affiliation. This need to form social relationships and maintain them varies in degree from individual to individual. Need for affiliation is a need for open and sociable interpersonal relationships. A common definition of gratitude is “the quality of being thankful; readiness to show appreciation for and to return kindness;”. Researchers have conceptualized gratitude as an emotion that is always directed towards appreciating the helpful actions of other people (c.f. McCullough, Kilpatrick, Emmons, & Larson, 2001).

The aim of the present investigation was to compare among young adults who are in a relationship with those who aren't on their need for affiliation and feeling of general gratitude. It was hypothesized that need for affiliation and gratitude will be more in people who are in a relationship from those who aren't and there will also be gender differences in gratitude and need for affiliation. A sample of 210 participants of the age group 18-24 were selected from which 105 were in a relationship and 105 have never been in a relationship. Need for affiliation was assessed using Liking People Scale developed by E.E. Filsinger (1981) and gratitude using the Gratitude Questionnaire-6 by Michael E. McCullough (2002). Results shall be discussed in light of role of chosen variables and were interpreted in terms of their significance.

Keywords: *Affiliation, Gratitude.*

Interpersonal attraction is the attraction that happens between people that lead to the formation of either friendship or romantic relationship. It is a relationship between two people characterized by a general liking but range of variation that includes respect, love, lust and affection. According to interpersonal attraction principle, social psychologist have identified several major factors that influence interpersonal attraction which is anything bring two or more people together characterized by affection respect, liking or love “ Interpersonal Attraction 2010”.

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Interpersonal Relationship

Interpersonal relationship refers to a strong bond between two or more people. Attraction between individuals brings them close to each other and eventually results in a strong interpersonal relationship. According to Maslow's hierarchy of needs, humans need to feel love (sexual/nonsexual) and acceptance from social groups and society (family, peer groups). In fact, the need to belong is so naturally established that it may be strong enough to overcome physiological and safety needs relationship.

Affiliation

The concept of affiliation, (from the Latin “afiiatio”) can be defined as acceptance or also friendly, accepting, open social behaviour characterized by seeking presence of others, interest in cooperation, communication and social contacts.

The need of affiliation is one of three acquired needs laid out by psychologist David Clarence McClelland in his theory on the motivations for human behaviour and defined need for affiliation as “the desire to establish and maintain many rewarding interpersonal relationships”

It can be defined as acceptance or friendly, accepting, open to social behaviour and having interest cooperation, communication and social contacts. The desire for affiliation with others has been described as a fundamental part of human nature (Wong & Csikszentmihalyi 1991). Affiliation can be viewed as psychical needs related with the need of love friendship and cooperation. Henry Murray in his Affection Needs defined affiliation as, to be close and loyal to another person, pleasing them and winning their attention and friendship. A person having high need for affiliation is motivated build relationship with other people that many of his/her thoughts, emotions and actions are directed towards to fulfilling this motivation.

A study conducted by Craig A. Hill (1991) suggested that a person having a strong need for affiliation may be more likely to express that need, if the interaction was warm and compassionate yet, where as a person with low need for affiliation conveyed little inclination to care whether the interaction was compassionate or not.

Gratitude

‘Gratitude’ is derived from the Latin word ‘*gratia*’, which means ‘grace’, ‘graciousness’, or ‘gratefulness’. Gratitude operates in terms of being grateful to someone, being grateful for something, being grateful to a person for something in particular or the tendency to experience gratitude as ongoing across situations (Snyder & Lopez, 2007).

Research by UC Davis psychologist “Robert Emmons”, author of “Thanks!: How The New Science of Gratitude Can Make You Happier”, shows that simply keeping a gratitude journal and regularly writing brief reflections on moments for which we’re thankful, can significantly

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increase well-being and life satisfaction. "Robert Emmons" suggests that focusing our gratitude over people for whom we are thankful rather than circumstances or materialistic items will enhance the benefits we experience.

Gratitude may also convey many benefits for couples. Perhaps the most apparent potential benefit is through its role as a positive expression of appreciation to a partner.

Past research has shown that an individual who expresses gratitude is not only providing a positive expression to a partner but is also conveying an acknowledgement, and appreciation for the partner.

REVIEW OF LITERATURE

Gratitude And Relationship

To have and to hold: Gratitude promotes relationship maintenance in intimate bonds, study done by Gordon, Amie M.; Impett, Emily A.; Kogan, Aleksandr; Oveis, Christopher; Keltner, Dacher show that people who feel more appreciated by their romantic partners report being more appreciative of their partners.

Gratitude as a Motivator and a Detector of Maintenance Behaviour, Kaska E. Kubacka, Catrin Finkenauer et al founded that feelings of gratitude toward a partner stem from the partner's relationship maintenance behaviors, partly because such behaviors create the perception of responsiveness to one's needs.

Lambert, Clark, et al (2010) found that expressing gratitude to a romantic partner or a close friend led to the expresser's increased sense of communal strength, or responsibility for the partner's well being.

Algoe, Gable and Maisel (2010) found that gratitude predicted increased relationship satisfaction for both benefactors and recipients. This study provides important findings establishing gratitude as a relevant factor among romantic couples.

Affiliation Studies

The Study 'Tend and Befriend-Bio-behavioural basis of Affiliation under stresses, conducted by Shelley E. Taylor, found that positive affiliative contact significantly reduces not only psychological, but also biological stress responses.

Mc Adams and Constantian (1983), person high in affiliation compensate for the dissatisfaction they typically expect in relationships by seeking out new ones.

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Affiliation And Gender

Women have consistently scored higher than men on enjoyment of social interaction, agreeableness, and have tended to be more sociable.

It has also been found that women tend to form dyad affiliations, where they bond with the “other” one-on-one and go on to do this “bonding” with many individuals. Men, on the other hand, bond in larger groups. However, it has also been found that men have larger social networks. Women have more intimate affiliations while men are more oriented towards exercising their power. (Rose, 2009)

Hypothesis:-

It was hypothesized that need for affiliation and gratitude will be more in people who are in a relationship from those who aren't and there will also be gender differences in gratitude and need for affiliation.

METHODOLOGY

Participant:-

A total of 210 participants (both male and female) were taken for the study where 50% were in a relationship and 50% were single. The age group of participants was 18 to 24 years.

Research Design

T-test, correlation and One Way ANOVA is used.

Variables

There are two types of variable used in the present study i.e. dependent variable and independent variable.

INDEPENDENT VARIABLE

1. Relationship Status
2. Gender differences.

DEPENDENT VARIABLE

1. Gratitude
2. Need for affiliation

Research Tools

1. The gratitude questionnaire-six item form (GQ-6)
2. Liking people scale.

Description of tools:

1. The gratitude questionnaire-six item form (GQ-6) developed by Michael E. McCullough, Ph.D., Robert A Emmons, Ph.D., Jo-Ann Tsang Ph.D. It consists of 6 items and items 3 and 6 are scored reverse.
2. Liking people scale developed by Dr. Erik E Filsinger, Mandara Vishwanath. It consists of 15 items and items 4, 6, 8, 9, 10, and 15 are scored reverse.

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Procedure:

Participants were contacted directly as well as google forms were created to survey. The participants were instructed to mark the responses honestly and were told that their forms will be kept confidential. The data was analysed using statistical tests.

RESULTS

Table 1: F values of gratitude and affiliation among committed and single young adults.

Independent Samples Test

		t-test for Equality of Means		
		t	Df	Sig. (2-tailed)
G total	Equal variances assumed	.303	208	.762
	Equal variances not assumed	.303	207.024	.762
A total	Equal variances assumed	-1.261	208	.209
	Equal variances not assumed	-1.259	205.433	.209

Table 1. Displays the f values of gratitude and affiliation among committed and single young adults with significance values (.762 and .209) as they are more than 0.05 so there is no significant difference among committed and singles on need for affiliation and gratitude.

Table 2: F values of gratitude and affiliation in different age groups

ANOVA

		Mean Square	F	Sig.
G total	Between Groups	5.176	.459	.632
	Within Groups	11.268		
	Total			
A total	Between Groups	562.771	5.877	.003
	Within Groups	95.760		
	Total			

Table 2. Displays the f values and significant values of the different age groups among the young adults showing a significant difference between groups in need for affiliation at .003.

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Table 3: Significance values of affiliation in the 3 age groups

Tukey HSD

Values of affiliation in different age groups			Mean Difference (I-J)	Sig.
A total	18-20	21-22	-5.19900 [*]	.004
		23-24	-1.56920	.730
	21-22	18-20	5.19900 [*]	.004
		23-24	3.62979	.118
	23-24	18-20	1.56920	.730
		21-22	-3.62979	.118

Table 3. shows three different age groups (18-20, 21-22, 22-24) and their level of significance in the need for affiliation. In the age group of 18-20 and 21-22, affiliation is significant at .004 but it is not significant for the age group 22-24.

Table 4: Gender Differences in Need for affiliation and Gratitude

		t-test for Equality of Means		
		t	Df	Sig. (2-tailed)
G total	Equal variances assumed	-.945	208	.346
	Equal variances not assumed	-.914	164.552	.362
A total	Equal variances assumed	-2.171	208	.031
	Equal variances not assumed	-2.189	199.434	.030

Table 4. shows that there is a significant difference .030 in females in their need for affiliation.

Table 5: Correlation Between Gratitude And Need For Affiliation.

Correlations

		G total	A total
G total	Pearson Correlation	1	-.213 ^{**}
	Sig. (2-tailed)		.002
	N	210	210
A total	Pearson Correlation	-.213 ^{**}	1
	Sig. (2-tailed)	.002	
	N	210	210

^{**}. Correlation is significant at the 0.01 level (2-tailed).

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Table 5 shows a negative correlation at .002, calculated using Pearson correlation. Negative correlation indicates that with increase in gratitude, need for affiliation will decrease and with increase in need for affiliation gratitude will decrease and vice versa.

DISCUSSION

The aim of the present investigation was to study if there were any significant differences between people who are in a relationship from those who aren't on their need for affiliation and general life gratitude. For this, a sample of 210 youth between age group 18-24 were taken and tested. Four results came out of this investigation.

We made our first hypothesis stating that the need for affiliation and gratitude will be more in people who are in a relationship. With the help of t test we analyzed the data and results showed that there is no significant difference among committed and single. There can be various possible reasons for such results; one of them could be the increase in the use of social networking sites from where need for affiliation may be fulfilled by connecting with many people. Also having a loving and caring environment with family and friends can lead to increase in their general life gratitude and fulfillment of one's need for affiliation rather than by being in a relationship. In 2002, a study was conducted on 10% students of Ohio State University, "Ed Diener" and "Martin Seligman", conducted a study on personal happiness. They found that the most salient characteristics shared by the students who were very happy and showed the fewest signs of depression were "their strong ties to friends and family and commitment to spending time with them. In one study people were asked about their mood on random occasions.

We know that our thinking keeps on changing as we grow and gain experience; we divided the population into 3 age-groups; 18-20, 21-22, 23-24 to study diversity among age-differences. We then analyzed the gratitude and need for affiliation among the three age groups separately and founded that, in the age group 18-20 and 21-22, the mean difference is significant at the 0.05 level but not for the age group 23-24. However, there were no differences on their general life gratitude. This meant that need for affiliation is more in the age group of 18-22 and low for the people of age group 23-24. The age group between 23-24 are grown ups, where the focus is more on making careers, settling in life or even planning to make a family whereas the age group between 18-22 are developing their base in educational institutions and to grow in lives and also due to neurological changes.

We also assessed the gender differences between male and female on their need for affiliation and gratitude and found that there was a significant difference (.030) in females in their need for affiliation thus our hypothesis was accepted. This result is supported by many studies. Stewart and Chester (1982) in their research showed that women scored higher in need for affiliation than men. Studies by Oetzel (1966) show that girls and women exceed boys and men on diverse measures of need for affiliation and interest in and positive feeling for others. Garai and

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Scheinfeld's (1968) evidence suggested that males have a great interest in objects and a stronger need for achievement, females a greater interest in people and a stronger need for affiliation.

We also found the correlation between need for affiliation and gratitude using Karl Pearson correlation and found negative correlation at .002 that indicates that with increase in gratitude, need for affiliation will decrease and with increase in need for affiliation gratitude will decrease and vice versa.

CONCLUSION

The investigation was completed with four findings. Firstly, that there was no significant difference between committed and singles on their need for affiliation and gratitude. The sample was divided into three age-groups and it was found that need for affiliation was significant for the age group 18-20 and 21-22 compared to age-group 23-24. While analyzing the gender differences it was found that females have a higher need for affiliation. Lastly there was a negative correlation between gratitude and need for affiliation.

LIMITATIONS OF THE STUDY

1. The sample size used for the study is rather small.
2. Only a segment of the young adult population has been studied (Early Young Adulthood- 18 to 24 years of age.)
3. The study is limited only to urban, metropolitan population.
4. The sampling method used could have been more segregated.

FUTURE IMPLICATIONS

Need for affiliation is manifested in different ways in the two genders. For instance, women prefer dyads and men prefer groups. This understanding can be applied to community and hierarchical relations in work places. A higher need for affiliation can affect one's leadership style. For example, a person with high need for affiliation tends to work in a collaborative style rather than authoritative. Studies such as this may be easily carried out using samples from rural areas and observe if there is any disparity.

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APPENDIX:

Liking People Scale

Using the scale below as a guide, write a number beside each statement to indicate how much you agree with it.

5- Strongly Agree

4-Moderately Agree

3-Neutral

2-Moderately Disagree

1-Strongly Disagree:

1 Sometimes when people are talking to me, I find myself wishing that they would leave.

2 My need for people is quite low.

3 One of the things wrong with people today is that they are too dependent upon other people.

4 My happiest experiences involve other people.

5 People are not important for my personal happiness.

6 Personal character is developed in the stream of life.

7 I could be happy living away from people.

8 It is important to me to be able to get along with other people.

9 No matter what I am doing, I would rather do it in the company of other people.

10 There is no question about it - I like people.

11 Personal character is developed in solitude.

12 In general, I don't like people.

13 Except for my close friends, I don't like people.

14 A person only has a limited amount of time and people tend to cut into it.

15 People are the most important thing in my life.

The Gratitude Questionnaire-Six Item Form (GQ-6)

Using the scale below as a guide, write a number beside each statement to indicate how much you agree with it.

1 = strongly disagree 2 = disagree 3 = slightly disagree 4 = neutral 5 = slightly agree 6 = agree 7 = strongly agree

____ 1. I have so much in life to be thankful for.

____ 2. If I had to list everything that I felt grateful for, it would be a very long list.

____ 3. When I look at the world, I don't see much to be grateful for.*

____ 4. I am grateful to a wide variety of people.

____ 5. As I get older I find myself more able to appreciate the people, events, and situations that have been part of my life history.

____ 6. Long amounts of time can go by before I feel grateful to something or someone.

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Adolescent Users of Chewable Tobacco: Male / Female Personality Comparisons

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ABSTRACT

Prevalence of chewable tobacco among adolescents has multiplied incite of ban on tobacco products. The study compares personality characteristics of 275 male and female users of chewable tobacco (gutkha, kharra) between 12 to 18 years using catell's high school personality questionnaire.

Significant differences were seen in intelligence levels with female users scoring less on intelligence (3.35) than male users (3.81). F females scored higher in expediency and evasion of rules (9.34) than males (10.38) and also had lower levels of self discipline and control (9.72) as compared to males (10.50).

Programs for tobacco cessation need to build trust and rapport at initiation stage, target female users keeping in mind their more assertive self image and incorporate meaningful unstructured activities for them.

Keywords: *Chewable tobacco, Adolescent Users, Personality*

Tobacco is the only legal drug that kills many of its users. WHO estimates that tobacco use (smoking and smokeless) is currently responsible for the death of about six million people across the world each yearⁱThe majority of tobacco-related deaths are expected to occur in developing countries, where tobacco use is on the rise.ⁱⁱ

In India tobacco is consumed in smoked and non smoked forms. Smoked forms include beedis, cigarettes, pipe, cigar, hukka, chutta of which beedi is most common since it is affordable. Among the non smoked forms – chewable tobacco is consumed in the form of tobacco lime mixture, kharra, khaini, gutkha, pan masala, kimam and in the inhaled form as tobacco snuff.ⁱⁱⁱ

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Betel quid (a combination of betel leaf, areca nut and slaked lime with preferred flavorings) and **gutka** (crushed areca nut, tobacco, catechu, paraffin wax, slaked lime and flavorings) use is reported to have stimulant and relaxation effects. **Pan masala** is basically a preparation of areca nut, catechu, cardamon, lime and a number of natural and artificial perfuming and flavoring materials.

With the emergence of commercial *pan masala* and *gutkha* about three decades ago, the Indian market witnessed massive growth not only in the sales of smokeless tobacco and areca nut products, but also a huge worldwide export market. The packaging revolution has made these products portable, cheap and convenient, with the added advantage of a long shelf-life. Many states of India have banned the sale, manufacture, distribution and storage of gutka and all its variants. However, enforcement of the law is generally lax and many shops still sell gutka, although it may not be openly displayed.

Conditions and Cancers associated with using betel quid/ gutka include precancerous conditions (oral precancerous lesions-erythoplakia, leukoplakia, oral sub mucous fibrosis), oral cancers, poor reproductive health outcomes and cardiovascular disease.^{iv}

Oral cancer is the sixth most common in the world and areas of high incidence are in South East Asia and particularly India which has a higher population incidence rate of oral squamous cell carcinoma (OSCC). The prognosis for oral cancer in India is poor due to lesser early detection and poorly trained clinicians.

Increasing Trend of chewable tobacco use among school children and youth

The prevalence of tobacco use among Indian youth (10,112 school going students aged 13 to 15 years) indicated that 14.6% students currently use tobacco – 4.4% smoke and 12.5% use other forms or tobacco.^v

Chewable tobacco products are typically consumed throughout the day. A number of small surveys conducted in schools and colleges in several states of India have shown that 13–50% of students chew *pan masala* and *gutkha* on a regular basis (Gupta and Ray, 2003). Influences to use tobacco included parental use, peer pressure, advertisements and colorful packaging.^{vi}

A random survey^{vii} among rural school children in five villages around Mullanpur, Punjab State, covering 100 students from 5 schools, was conducted with the objective of finding out the extent of gutkha use. 66 of the students regularly used gutkha, 19 consumed it every day and most of them were from the 7th or 8th standard. The widespread availability of gutkha at roadside stands, tea stalls, cigarette shops and grocery stores and even bookshops makes access easy and convenient. Another study was conducted in rural southern TamilNadu, rural Gujarat, and slum semiurban areas in Bangalore, Karnataka which found that nearly 50% of rural children, boys more than girls, experiment with tobacco, mostly as snuff (nashyna, chhinkni) even by 10 years

of age. Snuff use decreases, while smoking and chewing increase with age. Smoking is better known as a health hazard than chewing or use of snuff.

The Goa Cancer Society conducted several epidemiological studies^{viii} to determine the prevalence of tobacco habits among school-children and adults. They found that about 13.4% of boys and 9.5% of girls used tobacco, mostly of the smokeless variety. They began use as early as five years of age and most were introduced to tobacco use by family members and friends.

A number of surveys conducted in households in India have shown that pan masala and gutka are commonly chewed by children and adolescents, especially in Gujarat, Maharashtra and Bihar. In a survey of 1200 students from junior and degree colleges of Maharashtra, 9.9% chewed pan masala and 9.6% chewed gutka. In a survey of 95 boys and girls in the 8th and 9th grades (13–14 years old) of a small-town private school in Anand, Gujarat, 16% used gutka. In a village community of Kheda District, Gujarat, 72% of men and 50% of women under 26 years of age used tobacco products. Men favoured bidis and gutka while women preferred gutka and tobacco toothpaste. Among high school students in classes 10–12 (15–17 years old) in Patna, Bihar, approximately 12% used pan masala (Gupta & Ray, 2002).

Factors associated with Tobacco Chewing

In the GATS Survey in India, the prevalence of smokeless tobacco use was nearly twice as high in rural areas compared to urban ones; it was higher in those without formal education (twice as high in men, eight times higher in women). The poorest people who are the most nutritionally disadvantaged and can least defend themselves from harmful chemicals in smokeless tobacco; are more at risk for tobacco related cancers.

Some of the psychosocial factors leading to initiation of tobacco use include family history of tobacco use by elders, peer influence, experimentation, easy access to tobacco products, personality factors, underlying emotional and psychological problems and accompanied risk taking behaviours.

Poor school performance, truancy, low aspiration for future success and dropping out of school has also been found to be associated with tobacco initiation. Children and adolescents with anxiety and depression are also more likely to use tobacco and other drugs, as these products have anxiety relieving and mood elevating properties.

METHODOLOGY

Purposive sampling was done in which 140 male and 135 female tobacco users in the age group of 12 to 18 years were selected as the sample. Some were studying in government and semi-private schools and others were working in construction sites as labourers. Contacts with non-school going adolescents were made through peers and among those living in low income group residential areas. Through a method known as ‘snowballing’ identified users of chewable

Adolescent Users of Chewable Tobacco: Male / Female Personality Comparisons

tobacco products helped to identify other users. In some cases, the help of roadside vendors of tobacco products were taken to identify regular users.

For the purpose of the study adolescents who were regular tobacco users were selected based on the following criteria

- a. Currently chews at least two packets of kharra in a day

And/ or

- b. Currently chews at least two to four packets of gutka in a day.

A Non tobacco user were those adolescents who had never consumed tobacco products

R. B. Cattell and Cattell. High School Personality Questionnaire (Cattell et al., 1984) which measures primary personality dimensions It contains 142 items in each form and is meant for age 12-18 years. The time required for completion of the tool is 40 minutes.

Statistical Analysis

The independent variable was that of sex which was varied at 2 levels namely male and female. The dependent variables were the 14 different personality characteristics (i) reserved versus outgoing, (ii) less intelligent versus more intelligent, (iii) affected by feelings versus emotional stability (iv) phlegmatic versus excitable, (v) obedient versus assertive, (vi) sober versus happy go lucky, (vii) expedient versus conscientious (viii) shy versus venturesome, (ix) tough minded versus tender minded (x) vigorous versus doubting (xi) placed versus apprehensive (xii) group dependent versus self sufficient (xiii) undisciplined self conflict versus controlled and (xiv) relaxed versus tense.

Mean and standard deviation was calculated and t test was used to find out the significance of mean differences among males and females for the 14 personality dimensions.

Hypothesis

Personality dimensions of male adolescent tobacco users vary significantly from female adolescent tobacco users in at least 7 out of 14 personality factors.

RESULTS AND DISCUSSION

In the present study the factor of sex served as the independent variable and the 14 personality dimensions of the High School Personality Questionnaire (Cattell 1984) were treated as the dependent variables. The sample of 275 adolescents (between 12 to 18 years) were all regular users of chewable tobacco on a daily basis ie. Kharra/ gutkha or both. Means and SDs were obtained for both the groups i.e. male and female tobacco users. As a next step, the t values for each of the personality factors were calculated to find out if they were significant.

The means and standard deviations of each personality factor as well as the accompanying t values are presented in the table below.

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Means and standard deviations Male and Female Tobacco chewers for 14 Personality Factors

Factor		Males	Female	(t)	
<i>A - Reserved vs Outgoing</i>	<i>X</i>	8.77	9.16	1.11	Non-significant
	<i>s</i>	2.81	3.04		
<i>B - Less Intelligent vs More Intelligent</i>	<i>X</i>	3.81	3.35		(t=2.52 , df=273, p>0.05)
	<i>s</i>	1.57	1.49	2.52	
<i>C - Affected by feelings vs Emotionally Stable</i>	<i>X</i>	10.52	10.83	0.87	Non-significant
	<i>s</i>	3.15	2.68		
<i>D- Phlegmatic vs Excitable</i>	<i>X</i>	9.76	9.67	0.20	Non-significant
	<i>s</i>	3.23	3.77		
<i>E -Obedient vs Assertive</i>	<i>X</i>	9.34	9.62	0.71	Non-significant
	<i>s</i>	3.44	3.11		
<i>F - Sober vs Happy Go Lucky</i>	<i>X</i>	10.50	10	1.35	Non-significant
	<i>s</i>	2.91	3.21		
<i>G - Expedient vs Conscientious</i>	<i>X</i>	10.38	9.34	2.46	(t=2.46, df=273, p>0.05)
	<i>s</i>	3.37	3.63		
<i>H - Shy versus Venturesome</i>	<i>X</i>	9.91	9.65	0.68	Non-significant
	<i>s</i>	3.01	3.21		
<i>I - Toughminded versus Tenderminded</i>	<i>X</i>	10.59	10.85	0.62	Non-significant
	<i>s</i>	3.22	3.74		
<i>J - Vigorous versus Doubting</i>	<i>X</i>	9.30	9.65	1.07	Non-significant
	<i>s</i>	3.01	2.41		
<i>O -Placid versus Apprehensive</i>	<i>X</i>	10.27	10.23	0.11	Non-significant
	<i>s</i>	3.00	3.19		
<i>Q2 -Group Dependent versus Self sufficient</i>	<i>X</i>	10.32	9.74	1.53	Non-significant
	<i>s</i>	3.09	3.22		
<i>Q3 -Undisciplined Self conflict versus Controlled</i>	<i>X</i>	10.50	9.72	1.96	(t=1.96, df=273, p=0.05)
	<i>s</i>	3.10	3.51		
<i>Q4 - Relaxed versus Tense</i>	<i>X</i>	9.06	9.19	0.37	Non-significant
	<i>s</i>	3.19	2.95		

(t value at 0.05 is 1.96 and for 0.01 is 2.57)

On the reserved versus outgoing dimension (Factor A), male and females tobacco users have a mean of 8.77 (male) and 9.16 (female) and the resulting sten score of 4 indicates that there is an inclination towards the reserved dimension. This personality factor indicates that users may be critical, cool, aloof, precise and objective, distrustful and rigid, standing by their own ideas rather than cooperating with others. There is no significant difference between the means of male and female users.

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On Factor B which relates to intelligence the mean scores of male and females is the lowest of all the dimensions. (Male – 3.81 and female 3.35). Intelligence has an association with personality in that it influences relationship with peers, adjustment in school and indicates general ability of the adolescent. In this case, Male tobacco users have a significantly higher level of intelligence as compared to females. ($t=2.52$, $df=273$, $p>0.05$). Though this brief scale is not sufficient to accurately measure the level of intelligence comprehensively, it is indicative of academic interest and general mental capacity. Females who participated in this study were mostly dropouts and discontinued school after primary or middle school to work at home or in the construction sites. Reading and writing were unfamiliar to many of them and they had to be administered the questionnaire verbally. Poor functional literacy and comprehension skills among female users were clearly evident. The overall level of mental capacity of users is low.

Factor C relates to Emotional instability versus stability. Both male and female users have near similar means (male 10.52 and female 10.83) with a sten score of 6, indicating that they are in the average range with regards to this personality dimension. There is a marginal tendency towards the positive expression of this personality dimension, particularly among the females - to be more emotionally mature, calm, stable and unruffled. Lower scores on this dimension are indicative of neurotic tendencies. Users do not show tendency towards emotional instability, worry or get frustrated when upset. Their attitudes and interests are not easily changed. It is therefore fair to surmise that users will be more willing participants in youth friendly tobacco cessation programs.

Phlegmatic temperament versus Excitable temperament is described as Factor D. Males and females have means in the range of 9.76 (male) and 9.67 (female) with a sten score of 5 indicating average level of this dimension leaning towards phlegmatic, inactive, constant behavior. There is no significant difference in the mean scores of males and female users though males have a slight tendency to be more excitable, impatient and demanding as compared to females. Higher scores of this dimension relate to juvenile delinquency.

Factor E describes the obedient versus assertive personality dimension. Female users (9.62) have a tendency to be more assertive and independent as compared to male users (9.34). There is no significant difference in the means of male and female users. However the sten score of 6 indicates an average level of this dimension leaning towards assertiveness rather than obedience and submission.

Sober versus Happy go lucky dimension is Factor F. On this dimension Males and females scored 10.50 and 10 respectively. The sten score is 6. Users are therefore on an average level as far as this personality characteristic is concerned. Users do not show signs of desurgency (sober, serious, silent, incommunicative) and have a tendency to be happy go lucky, talkative, cheerful and enthusiastic indicating that they may be popular with peers and are well adjusted at school. There are no significant differences between male and female scores.

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Factor G is the Expedient versus conscientious personality dimension. On this dimension, Males have a mean of 10.38 and females, 9.34. The related sten scores are 5 for males and 4 for females. There is also a significant difference in the means of females and males ($t=2.46$, $df=273$ and $p>0.05$). The scores indicate that both males and females have signs of expediency in their personalities, particularly girls. Expedient behavior is best described as a lack of acceptance of group moral standards, disregards for rules, low superego strength, frivolous and self indulgent. It is interesting to note that females have scores indicating higher levels of higher expediency than males. Exposure to media glorifying dominant traits in females, pressure to imitate male independence as well as enjoy greater social freedom may influence female users to evade rules and feel fewer 'traditional' social obligations. Lower scores on Factor G are also associated with delinquency and defiance of law and order.

The shy versus venturesome personality dimension is designated as Factor H. Males and female users scored 9.91 and 9.65 respectively with a sten score of 5. There is no significant difference between male and female user scores. However, users may have a tendency to be shy, restrained and timid as opposed to being venture some, socially bold and uninhibited.

Factor I is the tough minded versus tender minded personality dimension. There are no significant gender differences in the mean scores obtained by male(10.59) and female (10.85) users on this dimension. The related sten score of 5 indicates the tendency to be tough minded, self reliant and realistic.

The next dimension (Factor J) relates to Vigorous versus doubting. Male and female users have scores of 9.30 and 9.65 with no significant differences between them. The related sten score of 6 indicates that users can act individualistically, be guarded, internally restrained and unwilling to act. It seems that users may have fewer friends, may avoid arguments and keep in the background.

Factor O relates to placid versus apprehensive dimension. On this dimension, male and female users have a sten score of 6 and a mean of 10.27 for males and 10.23 for females. There is no significant difference between the sexes on this dimension. The sten score of 6 indicates a leaning towards the apprehensive dimension, characterized by worrying, depressive, troubled behavioural tendencies. However it is in the average range and may not be a dominant personality characteristic.

The Factor Q2, dimension of group dependent versus self sufficient has scores of 10.32 for males and 9.74 for females. There is no significant difference between males and females and the sten score of 6 is average. It shows that users may be more self sufficient, prefer to make their own decisions and are more resourceful. They are not group dependent and are not 'followers'. During the course of data collection, it was observed that male users in schools have their own

groups which usually consist of other users. They also share their daily quota of kharra or gutka with each other. This group also maintains a social distance from those who are non users.

Factor Q3, is described as undisciplined self-conflict versus controlled. In this factor, males have scored 10.50 and females 9.72 and there is a significant difference between them ($t=1.96$, $df=273$, $p=0.05$). The sten score for this dimension for both males and females is 5 and there is a tendency towards undisciplined self conflict, though average. Users may therefore have a tendency to follow their own urges and be careless of protocol rather than being self disciplined and socially precise. This indicates that tobacco cessation programs should be more informal and less structured to appeal to the users. Scores leaning towards undisciplined self conflict indicate juvenile delinquency and scores leaning towards the opposite dimension are predictive of occupational and scholastic success.

The last Factor Q4, is relaxed versus tense and this dimension has scores of 9.06 for males and 9.19 for females. There is no significant difference between the sexes and the sten of 5 shows a leaning towards the relaxed side of this personality dimension. Both male and female users show a tendency to be tranquil, torpid and frustrated. Regular use of chewable tobacco also produces relaxing effects which may lead to a state of diminished alertness.

DISCUSSION

The present study focused on the personality characteristics of male and female chewable tobacco users to assess dominant personality characteristics as well as probe for sex differences in the personality makeup of male and female users. In all 275 adolescents in the 12 to 18 year age group (140 male and 135 female) were administered Catell's High School Personality Questionnaire (HSPQ). All were regular users of gutkha/ kharra, now banned by the Maharashtra Government but sold illegally.

Review of the results of the statistical interpretation leads us to the conclusion that there is no major distinguishing personality characteristic among the users, both male and female. Most of the personality measures are in the medium or average range save for three factors which have extreme low level sten scores (between 2 to 4 on a scale of 10). This includes the level of intelligence (Factor B), reserved versus outgoing (Factor A), Expedient versus Conscientious (Factor G) which have extreme scores (sten score between 2 to 4).

The intelligence scale was included in the HSPQ to complement the assessment of other personality measures taking into account that intelligence strongly influences the personality of the adolescent. In this study both males and females have low intelligence levels (sten score of 2) with females having lower intelligence levels as compared to males. Though the intelligence scale is by no means a comprehensive assessment of intelligence it is an estimate which it worth noting. The possible reasons for low intelligence scores may be the adolescents' not being

familiar with questionnaires and questions related to intelligence, poor quality of education, low reading and writing skills and being a dropout.

The measure related to Reserved versus outgoing (Factor A), shows that the users (both males and females) are mostly reserved by nature. Their tendency towards detachment, critical outlook and distrustful attitude keep them away from the larger group and they do not readily participate in group activities. Programs for tobacco cessation may need to build spend adequate time to build rapport, involvement, trust and build relationships with adolescent users at the preliminary stages.

Male and female users show a significant difference in the personality measure of Expediency versus conscientious. While expediency figures prominently in personality profiles of other drug users such as heroin and marijuana, it is interesting to note that females have higher scores than males in expediency, in this study. The breakdown of traditional female stereotypes which promotes assertiveness, equality with men and boldness rather than feminine submissiveness may have influenced higher levels of expediency among girls. To strengthen this finding, females have higher scores than males in Factor E which is Obedient versus Assertive. They show more assertiveness and independence as compared to male users. Tobacco cessation programs for female users need to keep in mind that they prefer roles which allow for assertiveness and independence rather than submissiveness and may respond more positively to strong willed and bold female role models.

The fourth and last factor which shows significant difference between male and female users in the Undisciplined self-conflict versus controlled dimension (Factor Q3). The males show higher levels of control and self discipline while the females lean towards undisciplined self conflict, following their own urges and careless of protocol. It does seem that females show more signs of delinquency in this particular factor as compared to males. The female users in this study were school dropouts and many of them worked as daily labourers in construction sites. Social factors may have influenced the scores of the female users. They live in a culture with fewer do's and don'ts and lesser social restrictions.

The hypothesis framed for the study -Personality dimensions of male adolescent tobacco users vary significantly from female adolescent tobacco users in at least 7 out of 14 personality factors, is not fulfilled. There were only 3 significant personality differences among male and female tobacco users namely intelligence, (females had lower levels of intelligence than males), expediency versus conscientiousness (females had higher levels of expediency) and undisciplined self conflict and controlled (females scored more towards undisciplined self conflict)

It is interesting to note that there are more similarities and lesser differences among male and female users which means that similar programs can be designed for them. Both male and female

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users do not show dominant characteristics and are average in most of the personality dimensions. i.e. Factor C – Affected by feelings versus, Emotionally stable, Factor D – Phlegmatic versus Excitable, Factor E – Obedient versus Assertive, Factor F – sober versus happy go lucky, Factor H – Shy versus venturesome, Factor I – tough minded versus tender minded, Factor J – Vigorous versus doubting, Factor O – Placid versus apprehensive, Factor Q2 – Group dependent versus self sufficient and Factor Q4 – Relaxed versus tense.

In the India Global School Personnel Survey 2006, nearly one in five (16.3%) school personnel reported to have ever received training to prevent youth from tobacco use. Alarming over one third of school personnel used chewable tobacco themselves. 66 % of the current student tobacco users wanted to stop but there are few if any effective tobacco cessation programs at the school level. There is increasing interest in developing treatment approaches that match adolescent personality profiles.

Personality can therefore be a protective or risk factor and influences how adolescents deal with stressful situations, playing a role in self regulation and influencing inadequate coping strategies such as addiction, violence and delinquency.

Personality traits are associated with the outcome of therapeutic interventions. Although individual treatments might reduce the rate of drug abuse, public policy is an important tool for cigarette smoking and other drug abuse prevention and cessation. Because of the low conscientiousness, high impulsivity, and high emotional vulnerability of most drug users, relying on an individual's resources, without therapeutic intervention, may produce limited results.

The personality trait effects were found to influence treatment plans and tailor therapeutic interventions to individual needs. However more research is needed to find out how personality traits and their measure can be used effectively to inform the choice of treatment plans for substance users.

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Attenuation of Avoidance Coping and Enhancing Approach Coping Strategies of Adolescent Girls

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ABSTRACT

The objective of present study is to assess and enhance the coping strategies of adolescent girls. Adolescent defined as stage of storm and stress along with at this age proper training for adoptive coping skills would result for mentally healthy individual further family and society. Coping is individual capacity to deal as well manage with various stress of life without causing greater loss or getting back to homeostatic phase again. Coping is mainly of two type functional and dysfunctional coping or problem focused and emotional focused. Functional coping strategies are contributing factor and dysfunctional are threats to mental health. Purpose of this study was to enhance functional coping strategies in adolescent's girls and lessen the use of dysfunctional coping skill. Sample for present study consist of 120 adolescents girls those who were having several issue. By giving them training of behavioral technique, meditation and relaxation, technique for the period of three months we assessed their coping strategy. Coping strategies scale by Srivastava used to measure the coping of girls before and after giving the training for approx three months.

The result shows significant difference between the score on coping strategy scale before and after the training. Functional coping skills enhanced and use of dysfunctional coping lessened. To observe the mean difference t test carried out to see the pre to post test difference. Findings suggest that Meditation, Behavioral techniques and Muscles relaxation Technique was considerable impact on enhancing functional coping skill as well as reducing avoidance coping.

Keywords: *Coping, Adolescent, Progressive Muscles relaxation, Meditation, Gender.*

The word coping is frequently used to describe ways of dealing with stress or to modify or elevate the conditions causing harm, threat or challenge. Adolescents are a stage of various stressors defined as storm, confusion and most difficult transformational phase. These changes can seen in form of physical, emotional, psychological as well as cognitive and social form, most

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of the time these changes are described in negative way. More often than not adolescents misunderstood by others during the process of becoming adult and leaving behind their childhood. This phase is characterized by state of confusion regarding their role and identity, being rebellious, deviance from social norms, sibling rivalry, peer pressure, depression, anger, issues of sexuality, energetic and trying to fit in particular identity moreover identity formation is also dominant in this developmental stage of human. Adolescent youth experiences enormous and sudden changes in every aspect of their life, as neither they expected to behave like a kid nor given rights like an adult as they make transition from childhood to adulthood thus proper and functional coping skills became very crucial to develop a healthy adolescent. This age characterized by energy, emotional vicissitudes and various other changes. Gender is one important aspect of adolescent as experience of being adolescent girl is entirely different from experiencing being an adolescent boy. Further due to our social and cultural limitation as well as restriction girls may face more severe symptoms of developing as adolescent. As in a longitudinal research, it has shown that feelings of self-esteem tend to decrease somewhat as girls become adolescents, with different patterns emerging for different ethnic groups (Brown et al., 1998). Particularly in early adolescence, some studies have shown that boys tend to have higher global self-esteem than girls do (Bolognini, Plancherel, Bettschart, & Halfon, 1996; Chubb, Fertman, & Ross, 1997).

As present study address, only adolescent girls for enhancing their functional coping skills via various methods let us discuss issues specific to girl development as an adolescent. Moreover Gender identity refers to whether people consider themselves to be primarily masculine, primarily feminine, or some combination of the two. During early to mid-adolescence, youths' understanding of gender is quite rigid and stereotyped. As a result, younger adolescents will typically participate in more gender-stereotyped behaviors than do older adolescents will. By late adolescence, youth have usually figured out their role in society, including their gender role, and they have established a secure and comfortable individual identity that corresponds to their values, beliefs, and interests. youth begin to enjoy in late adolescence is indicative of a more mature understanding of gender; one that recognizes gender is best understood along a continuum, ranging from purely masculine to purely feminine, with most people falling somewhere in between these two extreme pole (Angela Oswalt, 2010).

As described above process of identity formation and development is not prevalent in our society as growing girls are subject to limitation such as exposure to outer world, fixed way of talking, laughing, walking etc. Culture treats the female body as a sexual object thus girls and women learn to view their own bodies as objects, focusing on how the body appears rather than how it feels. This internalization of their physical self results in shame, guilt and decreases self awareness, peak motivational states and diminished awareness of internal body states. Thus they rarely get chance to grow an established an individual identity even female children do not have the opportunity to feel safe, lovable, accepted, and worthy (Miller 1981). Therefore, these additional factors make girls more vulnerable to usage of dysfunctional coping skills which

further leads to poor mental health. Feminine identity in itself defined as being submissive, emotional and other behavior, which is in the line with dysfunctional coping strategies. Hence, present research is focusing on enhancing the functional coping strategies as well as lessening the usage of avoidance dysfunctional coping strategies of adolescent girls via training cognitive behavioral methods, Meditation and Progressive Muscles relaxation.

Coping responses can be active in nature and oriented towards confronting a problem, or they can be strategies that entail an effort to reduce tension by avoiding dealing with a problem.

Approach/ Functional coping style:

Functional coping skills involves facing the realities of issue consciously and taking some concrete action to solve the problem at the individual level or with the help of other people .these style of coping with issues are functional. This also resembles as approach coping , encompasses actions such as planning, strategizing, and applying effort that aim to correct the situation rather than passively allowing the stressor to continue (Skinner et al., 2003). Approach coping also includes emotion-focused strategies such as emotion regulation and cognitive restructuring (Carver & Connor-Smith, 2010; Cronkite & Moos, 1995; Moos & Schaefer, 1993). Further approach coping can be viewed in following categories.

1. Behavioral approach coping consists of the conscious use of an obvious action in response to stressful appraisal of a situation or event when individual confronts the stressor (Krohne, 1993), it may include enhancing one's effort to resolve the issue and identifying the source of stress to prevent its reoccurrence .
2. Cognitive approach coping skills includes strategies such as logical analysis, mental rehearsal of problem resolution, and restructuring cognitions to find positives from the experience. Cognitive approach coping consists of a conscious thought or emotion in which the individual is "oriented toward the threat-related aspects of a situation" (Krohne, 1993).

Avoidance style/Dysfunctional coping style:

On the other hand ,the second category consists of a person who decide to suffer from ,accept or deny the experienced stress /problem or issues or put blame on somebody (self or other) for being in that situation.

Behavioral avoidance coping is characterized by engaging in behaviors aimed to reduce negative effect in response to the stressor. These strategies include behaviors such as substance use and seeking new activities to find sources of relief or satisfaction. Behavioral avoidance coping is the conscious decision to physically remove oneself from a threatening environment. Examples are walking away from the stress source or avoiding a threatening or unpleasant situation.

Cognitive avoidance characterized by denial of the crisis or “deciding that the basic circumstances cannot be altered” (Moos & Schaefer, 1993). Cognitive avoidance coping reflects, “Turning away from threatening cues” (Krohne, 1993) for example, filtration of information, selective attention, and distraction.

There are seven styles of coping that are used –

- Blaming on others
- Avoiding the stressors
- Asking others for the help
- Engaging in indirect stress reducing activities
- Collecting information
- Acting opposite of the way one feels
- Minimizing the importance of issue
- Social & emotional support from others helps in coping.

Enhancing coping skills/ capabilities:

There are several ways to enhance coping strategies of adolescent girls such as Exercise, Practicing yoga, indulging in recreational activities, adequate communication skills, building relationships and peer counseling activities, Changing gears : It involves shifting from issue to something else for e.g., Activities that capture one’s interest, Pamper yourself, Warm-up slowly etc.

In the present study following three methods used for the purpose of enhancing approach coping strategies and lessening the usage of avoidance coping for the adolescent girls. These were following:

Interventions:

Stress is an unpleasant fact. Stressors are all around us at work, in our environment, and in our personal lives. Adolescence is a particularly stressful period in life. High levels of psychological stress can be found in almost one third of adolescents (Cunningham, Brandon, & Frydenberg, 2002). This may be a result of having to deal with a variety of stressful events at the same time using a limited set of coping skills (Seiffge-Krenke, Weidemann, Fentner, Aegenheister, & Poehlau, 2001). We can divide coping technique in following categories: physiological, cognitive, and behavioral.

Physiological coping skills:

Common physiological responses to stress include tense muscles, racing pulse, pounding heart, dry mouth, queasy stomach, and sweating. However, several coping techniques can be effective. One of the most effective procedures is learning to reduce the tension in our own muscles through progressive relaxation. In progressive relaxation, we learn to relax by alternately flexing and relaxing, one by one, muscle groups throughout the body. To use this technique, begin by

alternately flexing and relaxing muscles to appreciate the difference between relaxed and tense muscles. Next, you might shake your shoulders by slowly rolling them up and down. Now relax your neck. Systematically, extend this process until your body is completely relaxed from head to toe. Controlled breathing is also important. When we are tense, we tend to take in relatively short, shallow breaths. However, as your body slows down during relaxation, notice that our breathing change to deeper, longer breaths. Relaxation procedures are effective in reducing emotional as well as physical tension.

Another technique, which used in this project, is Meditation, which is often effective for achieving a relaxed state.

Behavioral coping technique:

Behavior is that part of human existence that communicate to others how a person feels, what a person thinks, and who a person is .behavior is a tool or means by which people accomplish, perform, or in other ways achieve that which , they set as their goals. Behavior can be the cause of a person's failures, mistakes, or disappointments. Because behavior is the outward manifestation of a person's inner self, it may sometimes seem to be unconnected to him or her. Whatever the case many clients' problem involves some manifestation of behavior? And oftentimes, the best approach to working with client problems is by addressing behavioral changes. The overall goal of behavioral interventions is to help clients develop adaptive and supportive behaviors to multifaceted situations. Developing adaptive behavior often involves weakening or eliminating behaviors that work against the desired outcomes, acquiring or strengthening desirable behaviors, or both. Behavioral interventions used in this project are Role play and Role rehearsal, self management, self monitoring, and self reward. A basic behavioral skill involves defining behaviors: helping the client understand the complexity of behavioral tasks; breaking tasks down into sequential behaviors.

Whereas in a study with inpatient adolescents between 12 and 16 years examining gender differences in coping strategies, female adolescents were more likely to engage in avoidance coping and interpersonal coping strategies, while male adolescents were more likely to engage in physical activities (Recklitis & Noam,1999).

Female adolescents tended to endorse engaging in seeking social support, wishful thinking, and tension reduction more frequently than did male adolescents (Frydenberg & Lewis, 1993a).

Female adolescents were more likely to seek social support and less professional help, as well as engage in tension reduction, self-blame, worry, and report less ability to cope than did male adolescents (Frydenberg & Lewis, 2000).

Hypothesis:

1. There will be an increase in approach coping strategies for the adolescents participating in intervention program from pre to post treatment. This improvement will be greater for the various treatment groups than control group (who are remaining constant from pre to post treatment testing).
2. There will be decrease in usage of avoidance coping strategies in the adolescents who are participating in various intervention programs from pre to post treatment. This decrease in using avoidance coping will be greater for the treatment group compared to the control group.

METHODOLOGY:

Rationale:

As present study is focused on issue of adolescent girls, there are several emerging developmental issue, role conflict in different situation etc that needed to be deal effectively. When there is family/social/friends support one can cope effectively with these issues however when unable to with these issue in adaptive manner several physical & psychological problem arises such as stress, low self-esteem. Therefore, by making girls aware about functional coping skills we can promote their mental health and wellness.

Participants for this study are adolescent girls from class eighth and ninth, recruited from a government school belonging to average age group of 13 to 16 years. Total sample size is 120 girls further assigned in various groups as control group, treatment group 1, 2 and 3.

Treatment group no. 1 characterized by introduction of behavioral intervention as role-play & role rehearsal, behavior modification, goal setting self management, self monitoring, and self reward and Contracting: Helping the client establish commitments, time lines, and record keeping for change (A diary was maintained by each student for record keeping).

Treatment group No.2 distinguished by practicing progressive muscles relaxation techniques. Treatment group no.3 was introduced meditation.

Whole intervention program carried out approx three months including introduction and preparation. Student with severe behavioral and emotional problems as well as physical health issue were not included in the study. Student information blank filled up by the student and permission for participation in the study received from parent/guardians.

Only girls selected for the purpose of maintenance of homogeneity of group. Equivalence of the group established by administering coping strategies scale further applying ANOVA to see that groups are not significantly different on various dimension of approach and avoidance coping strategies scales (table 1.1).

Attenuation of Avoidance Coping and Enhancing Approach Coping Strategies of Adolescent Girls

As discussed above Coping is measure by coping strategic scale of A.K. Srivastava. Moreover Coping word used to describe ways of dealing with stress or to modify or elevate the conditions causing harm, threat or challenge. This scale measures Behavioral approach, cognitive approach, cognitive behavioral approach, behavioral avoidance and cognitive avoidance coping strategies as well consist of 50 items.

Objectives:

- For enhancing functional coping skills and make them aware about dysfunctional coping skills.
- To eliminate and prevent inner conflicts
- To understand herself and accept herself as they are.

Experimental Design of Study:

Variables	Pre test				Post test			
Coping	Control	T1	T2	T3	Control	T1	T2	T3
Approach Coping	N=30	N=30	N=30	N=30				
Avoidance Coping								

N= 120

Both control group and before after experimental design used.

RESULT AND DISCUSSION:

The purpose of the study is to determine if there is any difference among the group where various treatment introduced and those who are not given any treatment the on the coping strategies of adolescent girls. Both the control group and experimental groups were administered the coping strategies scale by A.K. Srivastava, to establish the baseline. Further groups mentioned as control group, where no treatment introduced, T1, where only cognitive behavioral techniques introduced, T2 where Progressive Muscles relaxation practiced and for the group T3 meditation implied for the three months.

Analysis of variance (Table 1) shows that there is no significant difference among groups of adolescent girls before giving the treatment. Accordingly, result clearly indicates that there is no significant difference between control group and various treatment groups on the dimension of coping strategies. After treatment, introduce to the group, again analysis of variance carried out to observe the significance of difference among groups (Table 2). Moreover paired t test was also applied to observe the significant of difference for approach coping and avoidance coping, before and after the introducing all three treatment group.

As present study assumed that intervention would produce an increase in approach coping for the girls who are participating in intervention program from pre to post treatment, is accepted. As findings, suggest that there is enhancement of approach coping due to practicing self-monitoring,

self-management, role-play and rehearsal, mediation and progressive muscles relaxation techniques.

The results presented (Table 2) indicates that there is significant difference among control group and group who practiced behavioral techniques. It can be infer that due to practicing various behavioral techniques such as role-play, role rehearsal, self-management etc are helpful in enhancing approach coping strategies. Due to role-play and role rehearsal one get chance to understand the perspective of other person involved in interaction as well, provide an opportunity to develop capacity to managing responses in adoptive way. By observing the difference on avoidance, it is reveals that control group and the group who received training for behavioral intervention significantly differs from each other, shows the effect of treatment for lessening the usage of avoidance coping. These patterns of coping found to have produced negative impact on well being in long term thus it becomes very crucial to provide training to lessen these in life of adolescents' girls for their overall development as fully functioning individual. In another study, also behavioral techniques were significantly high of effectiveness in compared to non-behavioral coping strategies (Durlak & Wells, 1997). Although comparing the effectiveness of various treatments is not here concerned, thus comparison made only between control and treatment group as well as pre to post differences.

Further observing the results of practice of progressive muscles, relaxation it can suggested that it has significantly enhanced the approach coping (table 3) and lessen the avoidance coping (table 4) among adolescent girls. Studies had reported those adolescents are more prone to use dysfunctional coping furthermore accepting responsibility and escape avoidance coping were high among girls (Dubat, Punia & Goyal,1997). Relaxation technique can be very useful in dealing with stressors by accepting themselves, role confusion and bodily changes, studies has established the efficacy of Progressive muscle relaxation on regulation of blood pressure, heart rate and other physiological changes for female adolescents (Nickel et al., 2005). Moreover, relaxation also produces positive outcome as improve sleep, decreased pain, and perceived stress and anxiety (McCallie & Blum, 2006; Parlow & Jones, 2002). Thus, it's advocated that training of PMR will induce healthy coping habits among adolescent girls. Moreover, efficacy of this particular method over other methods or in combination with other techniques can studied extensively in future research for the adolescent groups.

Effect of Meditation extensively studied in various age groups while for the adolescent it is not popular (Ospina et al., 2007) hence present study has tried to see the worth of meditation for adolescent girls by comparing control group as well as pre to post test analysis. Moreover findings suggest that it's a effective technique to resolve the conflict emerging due to development changes and prepare adolescent girls to accept themselves as they are further enhances positive feelings and courage to face the challenges instead of avoiding them to face. Meditation may improve cognitive abilities of adolescent students as similar results was found in

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school based meditation program that it enhanced ability to pay attention, improved concentration, and decreased anxiety (Beauchemin et al., 2008).

From the above findings, it can be concluded that for functional or adoptive coping with various adolescents phase crises proper training can be intervened through behavioral techniques, practicing meditation and relaxation techniques for adolescent girls. Female adolescents are more vulnerable to stress as well as high on usage of dysfunctional coping that leads to depression. Further, Nolen-Hoeksema (1994) has suggested that one factor contributing to adolescent girls' increased vulnerability to depression is how they cope with stress. It may be that girls and boys tend to cope differently, and that the girls' coping styles place them more at risk for experiencing depression. Above coping techniques, allow one to be more aware of their own physical and emotional state. Therefore, we can conclude that training of behavioral techniques, meditation as well as progressive muscles relaxation improves the efficiency of adolescent girls for resolving the stress by concrete actions, planning and confrontation further decrease the usage of avoidance means toward stressors of life.

Table 1: One-Way Analysis Of Mean Differences For Groups Of Adolescent Girls Before The Intervention-

	Sum of Squares		Df	Mean Square	F	Sig.	
Approach Coping	310.158		3	103.388	1.97	NS	
Avoidance Coping	215.033		3	71.678	.86	NS	

Table 2: One-Way Analysis Of Mean Differences For Groups Of Adolescent Girls After The Intervention-

	Sum of Squares		Df	Mean Square	F	Sig.	
Approach Coping	8451.49		3	2817.16	31.223**	S	
Avoidance Coping	8924.033		3	2974.67	34.542**	S	

** p>0.01

Table 3: Pre To Post Treatment Mean Difference On Approach Coping -

Groups	Mean		T	Df	Sig.
	Pre	Post			
Control	57	56	1.479	29	N.S
Treatment 1	54	66	-5.93	29	S
Treatment 2	53	73	-8.72	29	S
Treatment 3	55	78	-11.54	29	S

Table 4: Paired sample *t* test for the groups of adolescent girls on avoidance coping-

Groups	Mean		T	Df	Sig.
	Pre	Post			
Control	57	56	1.479	29	N.S
Treatment 1	54	66	-5.93	29	S
Treatment 2	53	73	-8.72	29	S
Treatment 3	55	78	-11.54	29	S

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Content Analysis of the Civics Textbook in Iran and Providing a Theoretical Framework for the Appropriate Criteria of Determining Content according to the Teachers and Authors' View

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ABSTRACT

Background: Textbook, which is considered as one of the most important sources of students' learning in educational systems has also an important role in the educational system of Iran. **Purpose:** the present study was conducted for the content analysis of the civics textbook in Iran and providing a theoretical framework for the appropriate criteria of determining content according to the teachers and authors (based on gender). **Methodology:** the present study was conducted in the form of causal-comparative study and compilation of questionnaires and content analysis. The analysis was done based on the items of the questionnaire. For this purpose, two groups consisted of 107 male and female teachers who were teaching in the public, non-profit and Shahid schools in Tehran were selected using cluster sampling method. In addition, the six authors of the books mentioned working in the research and educational planning department of the Ministry of Education were selected based on target sampling. Due to the nature of the survey, the researcher-developed questionnaire including 32 items was completed by the participants. The present study was conducted using the statistical method of descriptive analysis by which the data was collected, classified and organized and underwent content analysis using the checklist. **Result:** the results of the present study offered a theoretical pattern of three sections based on society, individual and subject. **Findings:** theoretical integrity can be considered important in formulating and preparing the texts element which improves the education vision in the long run.

Keywords: Primary Education, Civics, Content Analysis, Primary School, Appropriate Criteria, Teachers' Vision.

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Content analysis is one of the mostly used among research methods in social science studies and human behavior. In the current educational system of Iran textbooks are the most important learning tool and curriculum content. Therefore, it is necessary to examine the content of textbooks, for various reasons, such as compliance with objectives to identify strengths and weaknesses of the curriculum or textbooks. This study can be done in different ways among which content analysis was the most common method. On the other hand the term Social Studies means the study of society and human being. The term was first used in the early twentieth century. In 1920 social studies was set as a subject into the curriculum and since 1960, countries of the world gradually revealed the desire to teach this lesson. In this connection, in order to have a good education quality, the educational materials and practices must be changed so that the mental and practical abilities of the educators and learners can be used (Hakim, et al., 2007). Creating this awareness is the most important factor guiding social behavior during adolescence and adulthood (Hastings et al., 2000, Naeli, 1994). The sensitivity of this issue becomes more when we knew that in most cases the textbook is the only learning media in the process of teaching and learning in children (Zamani, 2006). In fact, the content is the main part of the education program and has always been of interest to the experts. Therefore, having good and appropriate content of a learning subject makes the accomplishment of the goals possible. Teachers, officials, planners and experts are always asking about the content of textbooks and for example ask that what content or subject should be taught? How it can be taught? And finally why this content or subject should be taught?

As it is well known, the educational system of Iran has always been book-oriented. Accordingly, the textbook content has always been an important element of the curriculum in this country. According to what was mentioned above, the present study aimed to conduct a content analysis of the civics textbook in Iran and provide a theoretical framework for the appropriate criteria of determining content according to the teachers and authors' view. The results of the research can be used by teachers, programmers and authors as well.

RESEARCH METHOD

Regarding the research purpose, the present study was conducted based on the method of content analysis. That is, in this regard, the subject of civics in Elementary School using the checklist was undergone the content analysis. After examining the views of teachers and comparing them with the views of the book authors, the common points of this assessment were excluded and then, the analysis was presented in the form of a theoretical framework.

Research Population and Sampling Method

Population of the study included all the male and female teachers of the primary school in the 19 districts of Tehran, Iran in the Social Studies of the third grade and all the authors of the book working in the Research and Educational Planning Organization of the Ministry of Education. Considering the research nature, research participants were selected using cluster sampling method. For this purpose, three schools have been selected from each district and then the

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questionnaires were distributed among male and female teachers. After collecting the questionnaires and examining the required criterion, 107 questionnaires were included in the research. Further, 6 authors were selected based on targeted selection from among the authors working in the Research and Educational Planning Organization of the Ministry of Education based on the abilities considered by the researcher.

Method of Data Collection

The present study was conducted by performing the administrative procedures and direct visits with the research scholar of the selected schools. After coordination with school principals, questionnaires were distributed between male and female teachers and then were analyzed. In order to collect the data related to authors of social studies textbooks of the third grade. For required coordination, the researcher contacted the curriculum office of the Department of Social Studies Ministry of Education.

In order to extract the criteria for content selection, the opinions of the male and female teachers were examined via questionnaires and then were compared with the opinions of the authors. For this purpose, perfectly acceptable criteria were the answers with higher than the 65% approval. The acceptable criteria for answers were those approved over 50% to 65%, respectively, and finally criteria for weak responses were those with lower than 50% approval, respectively. Then the common responses were analyzed and theoretical model was offered about the content of the courses.

Research Instrument

The instrument for data collection used in this study consists of a questionnaire designed as below:

Questionnaire of the male and female teachers

Questionnaire of the male and female teachers included 32 items based on a five-point Likert scale with five choices in response including very high, high, low, very low and ineffective. The items of the questionnaire fall into two general categories which are mostly related to content and small part of the questions is related to the learning experiences. The content questions include lesson content and some final questions at the end of the lesson.

Questionnaire of the authors

Questionnaire of the authors included 32 items based on a five-point Likert scale with five choices in response including very high, high, low, very low and ineffective. The items of the questionnaire fall into the content rather than the learning experiences.

Both the validity and reliability of the questionnaire were evaluated and its reliability using Cronbach's alpha coefficient was estimated as 0.78 and hence was not acceptable (Khosravi,

1997).

Method of Data Analysis

In order to analyze the data, descriptive and inferential statistics were applied. The research computing in the descriptive statistics included the determination of the frequency and percentage of female and male teachers' responses to the questionnaire and the analysis of the responses of teachers and authors of the textbooks on each questions of the questionnaire.

The Chi-square test was used for analysis of the inferential data in order to determine the relationship between male and female teachers as well as teachers with the authors of the book social studies for third grade in responding to the questions and determining the statistical significance of differences (Shivellson 1987).

Since the expected theoretical frequency of some choices was less than 5, they were merged so the high and very high options were set in one group and very low, low and ineffective in another group. Data contingency table 2×2 was set with one degree of freedom. If the frequency of each group was less than 10 the modified Yates formula was used (Sharifi and Zand, 1991).

RESULTS

After collecting the opinions of teachers and authors, because of the high number of classes, the integration of adjacent houses and homes in the form of three criteria perfectly acceptable, acceptable and poor were developed. The components were analyzed by descriptive method and were summarized in the educational model.

Common criteria considered by male and female teachers

- A) fully accepted criteria included: to have understandable content, logical sequence in the context of a clear direction, to familiarize the students with the rules and regulations of society, effects of teachers' teaching method in better learning, considering content according to the rule of Islamic culture and values, being targeted content and generate interest in students.
- B) The criteria for acceptability: considering the content based on cultural diversity and geographical environment, strengthen the social adjustment of students, considering the social needs of students, the importance of basic ideas, and considering the public needs.
- C) The criteria for weakness : the correct balance of the content, reinforcing the curiosity in students, the relatedness of the content with everyday problems of society, the scientific spirit, considering the the student's past experiences, lessons should be associated with higher grades, considering the student's physical and mental needs, innovation and creativity and paying attention to the minority groups.

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Common criteria considered by teachers and authors

- A) Completely accepted criteria: according to the rule of Islamic culture and values, to understand the content, direction and logical sequence in the content, create interest in learning, considering the content of cultural diversity, environmental and geological, to familiarize students with the rules and society law, developed on the basis of objective educational content.
- B) Acceptable criteria: the Effect of teachers' teaching method on students' better learn, considering the characteristics and the age of the students, the importance of the fundamental ideas rather than the mass transfer of scientific facts, to foster a sense of curiosity and research and finally considering the mental abilities of students.
- C) The criteria of weaknesses: considering the social needs, the growth of cooperation spirit, acceptance of the status quo by students, content associated with basic higher education, according to the general needs of the people, paying attention to the student's past experiences, according to the psychological needs, relatedness with the lower core modules.

The final comments of teachers and authors to select appropriate content is expressed in the following where two cases are related to the students and three cases are related to the society and five cases related to the subject matter.

Table 1. Common theoretical model, teachers and authors common opinion about the content of the lesson in civics

Criteria for the selection and content	person	Mental abilities
		Age characteristics
	Society	Rules and regulations of the Society
		Geographical, cultural and environmental diversity
		Social adjustment
	Learning subject	Comprehensibility
		Clear direction and logical ability
		Impact on learning method
		Educational objectives
		Creating interest

Providing a theoretical model (based on the three sources)

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In the following, the criteria derived from three sources, according to the ideas of female teachers, male teachers and authors of the civics textbook for the third-grade primary school were accepted in terms of fully accepted and agreed to provide the ultimate theoretical model.

Table 2 - Selected theoretical model presented in the context of selecting appropriate content in social studies

Culture and Islamic values.			
Rules			
Social adjustment	Society		
Social needs			
Basic necessities of life			
Comprehensibility			
Having a clear direction and logical sequence			
Environmental diversity / cultural / geographical			
Educational purpose	Learning subject	Criteria for the selection and content	
Impact on improving learning methods			
The basic ideas and methods			
Orientation towards new concepts			
Interest in learning			
Mental abilities			
Curiosity and research	person		
Age characteristics			
Spirit of cooperation			

RESULTS AND DISCUSSION

The present study aimed to provide a theoretical framework about the choice of appropriate content for the learning subject of social studies, third-grade primary school in Iran. The results were presented in the form of a theoretical model in three sectors of society, person and learning subject. Regarding the category of society five factors were provided including culture and Islamic values, rules and regulations, social adjustment, social needs and general living necessities. Regarding learning subject understood seven components were processed including having a clear direction and logical sequence, environmental diversity / cultural / geographic, educational purpose, impact on improving learning methods, basic ideas and orientation towards new concepts.

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Finally, in section of five individual index, the components of interest in learning, mental abilities, curiosity and research, age and growth characteristics and spirit of cooperation were developed and extracted. Although no similar study is found in the literature, in this section a summary of the studies related to the study are presented. Maleki (1989) in a study entitled “Comparison of primary school civics program in Iran, Australia and America” came to the conclusion that the principles of setting schedules for achieving better learning experiences in social science books of U.S.A. was better than Australia and in Australia was better than Iran. In other words, in Iran no practical activity has been predicted for students and the curriculum in Iran have been evaluated as very low quality in terms of being practical. Maleki, In another study entitled as "providing a theoretical framework for organizing the content of the curriculum with an emphasis on civics curriculum” has stated that by setting the goals, organization and successive planning of learning experiences one can provided the required conditions favorable for the content social studies at schools .

Sharaf Bayani (1995) in a study entitled as the “Analysis of the content of social studies books of the first and second grade of secondary school from the perspective of the teachers and the authors” concluded that there were serious problems in the collection of these books in teaching and decision-making process.

Hakimzadeh et al (2007) conducted as study entitled as “textbook content analysis according to the International Day of topics in the curriculum” concluded that although attention has been paid to environmental education more than what is expected, however, there are several components which have not been considered in a balanced way.

Hosseini-Nasab and Dehgan (2008) in a study entitled as “content analysis of the middle school civics textbook based on social skills and perspectives of teachers”, after considering environmental education as one of the social skills, came to the conclusion that the social skills in civics books were evaluated as moderate and low. The findings of this study can be used in defining the educational perspective based on the needs and potentials and improvement in the educational process mark.

LIMITATIONS OF THE STUDY

Since the limitations of the research are highly important. The limitations have been divided into two parts, one for the researcher and the other one was out of control of the researcher. A - the limitations of the research: (1) limiting the study to the third-grade social studies teacher (2) limiting the statistical population to nineteen regions in Tehran and (3) limiting the statistical population to practitioners and authors of textbooks of the third grade social studies book contents.

B) Limitations out of the researcher control included

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1. The limitation of sampling; 2. No timely access to teachers due to their presence in the classroom; 3. Dispersion and differentiation of schools and districts which makes it difficult to have access to more schools at different times; 4. the communication problems with schools of female students due to Islamic and school principals.

RECOMMENDATIONS FOR FUTURE RESEARCH

The course Social Studies is a complement to other courses, so that it should be considered by other courses so that the interactive effects can be evaluated. It is required that the future studies use a wider range of teachers and authors of textbooks and teaching experience should be considered as an index in the selection of teachers as an important component.

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Conflict of Interests

The author declared no conflict of interests.

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Dialysis and Its Effect on Sexual Actions, Comparison of Multiple Sexual Performances in Dialysis Patients to Normal People, a Relational Design

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ABSTRACT

Introduction: sexual performance is one of the important aspects of the quality of life which can be effected by various illnesses, among them kidney disease can be mentioned. **Purpose:** this study was performed with the goal of comparing the dimensions of the sexual performance in dialysis patients and normal people. **Method:** The current study is a kind of causal-comparative one in the realm of descriptive studies in the year 1392 on a sample of 60 individuals (N=60) in the format of four groups of men dialysis patients (n=15), women dialysis patients (n=15), and healthy men and women (each group 15 individuals) was performed. For the purpose of choosing the subjects the method of multi-stage cluster sampling was used, also to choose the control group with attention to the consistency factor first degree relatives of the patients were used. With attention to the nature of the study the method of gathering of the data was done by survey and to gather information questionnaires on erection function (IIEF, rate of responding=91%) and the questionnaire of the women's sexual function (FSFI, rate of responding=89%) was used. Also the quality datas resulting from the coding demographic evaluations and with the assistance of the quality datas analysis tools of Atlas TI 5,2 were analyzed. **Findings:** the results of the study showed that between the group of healthy women and dialytic women because of the variables related to the sexual performance, there is no meaningful difference ($p>0/171$), but between the healthy men and dialytic men with respect to dimensions of the mentioned variables meaningful difference was seen ($p<0/0001$). **Conclusions:** the findings of this study makes evident the need for psychological follow-ups and preparing the needed means for increasing the quality of this group of the society is evident more than before.

Keywords: Sexual Performance, Dialytic Patients, Erection Problem, Sexual Satisfaction, Hemodialysis.

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Sexual performance is one of the important aspects of life quality. Studies have shown that various problems in the mentioned performances is known as a factor that effects life quality and in fact evaluation of sexual performance, plays an important role in the studies related with the quality of life. The World Health Organization, acknowledges sexual health as unity and coordination between mind, feelings and body which recognizes the social and mental aspects of the human as giving rise to its personality and leads to relation and love. Hence any disturbance that leads to discoordination and as a result lack of satisfaction from the sexual relation, it can lead to sexual performance problem along with it (Jahanfar & Molae nezhad, 2000). Proper and healthy sexual performance is one of the indicators of healthy body and mind which causes common enjoying feelings between the couples and increases the individual's ability to have more efficient encounter with stresses and life problems (Teimorpour et al, 2009). Sexual performance can be discussed from different aspects to mention are the condition of erection of genitals, condition of ejaculatory semen, sexual desire and the time lapse of sexual closeness in which any of them by themselves or together may become problematic in an individual. Also women's sexual performance dysfunctions for example decreased sexual desire, pain during intercourse and or problems related to orgasm have been multi-factorial and is effected by the physical condition of the sexual organs and social factors and mental-psychological factors. The rate of prevalence of the dysfunction in women's sexual performance in the world is between 26-50% and in Iran about 39/5% (Achtari & Dwyer, 2005). Sexual performance dysfunction may be caused from many factors. Some of these factors are: individual's general health condition, diabetic disease, ardiovascular diseases, genitourinary system diseases and kidney diseases (Salehzade et al, 2010).

Often kidney failure and its treatment effects the patient's sexual desire and its ability to enjoy it (Feress, 1994). About 50 percent of the patients with chronic kidney failure have problems in sexual performance. The intensity of this problem can be in the range of a slight decrease in sexual desire to lack of sexual satisfaction. On the other hand having stress in these patients can to some extent cause problem in the couple's relationship. Usually these patients lose their self-confidence and have a negative viewpoint towards their body (Safarinezhad, 2011). Therefore 33% of the patients with chronic kidney failure lack marriage relationship and 44% of them have relationship only once a week. About 40-80 percent of patients on dialysis, have sexual disability. On the other hand the most important factor of sexual disability in men with chronic kidney failure, is disorder in pelvic vessels. In kidney chronic failure not only the rate of blood circulation into the genitals will have problem, but also the patient will have vessel leakage also. About 60 percent of the cause of sexual disability in men with normal kidneys is these vascular factors (Safarinezhad, 2011). Also hemodialysis has many complications along with it: one of these complications is changes in menstruation or its complete stop in women and sexual disability and sterility in men (Feress, 2001). In United States 10-30 million people have sexual disability from which 82% is seen in patients under hemodialysis (Hasanzadeh et al, 2010). With considering what was mentioned and with attention to the importance of sexual

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performance parallel to the other components of the psychological health and also existence of contradictory findings specially in the existence of performance differences in patients with kidney failure, in this study we intend to compare these performances in kidney patients with a sample of normal people.

METHOD

This study has a comparison plan and is in the format of descriptive studies. The statistical population of the research is composed of the patients of the city of Eshtehard. For this reason and in the format of multi-stage cluster sampling, two hospitals from this city were chosen and from each hospital 15 testable were chosen and the other half of the testable were formed by the patients' relatives such that for the reasons of demography variables had the highest rate of replicating. The criterion for the entrance and exit of the testable were evaluated carefully. The criterion for entrance were 1) to have chronic kidney disease in the format of having a history of more than two years of the mentioned indications, 2) having the ability to read and write, 3) range of ages from 18 to 35 years, 4) married, also the criterion for exit were: 1) having psychological problems and 2) using psychological complementary treatments. After evaluation of the mentioned criterion and performing structural clinical interview, the testable with attention to observation of ethical standards entered the study. Knowledgeable acceptance in this study was without any coercion, threat, bribery and seduction and to the refusal of individuals from acceptance or continued participation in the study was respected. It was tried that the methods of research to be compatible with cultural and ethical standards of the testable and the performance of the research not to damage or pause in the process of physicians care of the testable. The main body of the data gathered relied on the method of paper and pen. For this purpose and with the goal of evaluation of the index of sexual performance a questionnaire with this name was used and the data mentioned was analyzed with the assistance of a parametric test, covariance and variance were evaluated and analyzed.

Instruments

The questionnaire on the function of erection (IIEF): This questionnaire has been designed by Rosen and et.al (1997) with the goal of measuring, sexual desire, performing the activity and satisfaction from the designed sexual activity and consists of 15 articles and evaluates 5 general topics, the mentioned topics are performance of erection, performance of orgasm, sexual desire, satisfying intercourse and satisfying sexual performance in general. At present this questionnaire is used in most points of the world (Wein et al, 2007). Reliability of the questionnaire in the present study was calculated using Cronbach's alpha method to be 0/86.

The women's sexual performance questionnaire (FSFI): this scale has been designed by Rosen and et al (2000). The women's sexual performance questionnaire is short which covers main areas of sexual performance and it is used for the purpose of clinical and nonclinical populations. This questionnaire covers 19 articles and evaluates the women's sexual performance in the six

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areas of desire, psychological stimulation, humidity, orgasm, satisfaction and sexual pain and in a group of women it is validated by sexual stimulation disorder. The mentioned questionnaire has been used outside of the country in many studies and has shown a high degree of internal consistency and reliability, also in the frame of differential validity, it has shown meaningful difference between the scores of the group of patients and control group. With regards to the high scores and for the reason of shortness of the questionnaire it appears that the index of women's sexual performance to be a proper tool in evaluation of the sexual performance. In Iran the scale of women's sexual performance has been normalized by Mohammadi and et. al (1387).

RESULTS

The findings resulting from the decomposition and analysis of the data in two parts of descriptive (central indices) and inferential (test of analysis of variance and analysis of covariance of multi-variable and uni-variable) with the assistance of the statistical software of SPSS version 19 have been analyzed and shown in the table below.

Average and standard deviation

In table 1, score of testables in the frame of indices of average, standard deviation, minimum and maximum score are presented.

Table 1: descriptive indices of variables of men and women's sexual performance

	Index		Frequency	Mean	SD	Min	Max
sexual performance in men		normal	9	6	1.8	3	8
	Desire	patients	16	4.81	3.89	0	11
		total	25	5.24	3.29	0	11
		normal	9	12.67	3.04	8	18
	stimulation	patients	16	9.81	7.02	0	22
		total	25	10.84	5.98	0	22
		normal	9	13.44	3.84	7	19
	spite	patients	16	8.69	4.98	1	16
		total	25	10.4	5.08	1	19
		normal	9	9.78	2.77	6	13
	Orgasm	patients	16	7.69	4.84	0	15
		total	25	8.44	4.27	0	15
		normal	9	10.33	2.12	8	14
	satisfaction	patients	16	10.25	5.03	0	15
		total	25	10.28	4.16	0	15
		normal	9	7	2.5	2	10
	Sexual pain	patients	16	6.94	3.23	0	12
		total	25	6.96	2.94	0	12
		normal	9	59.22	11.51	40	71

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	sexual performance(F)	patients	16	48.19	24.89	2	81
sexual performance in women		total	25	52.16	21.46	2	81
		normal	21	81.21	3.2	15	27
	Erection function	patients	14	15.43	4.69	6	23
		total	35	19.26	4.95	6	27
		normal	21	9	1.52	5	10
	Orgasm	patients	14	5.86	2.66	0	10
		total	35	7.74	2.55	0	10
		normal	21	7.14	1.74	4	10
	Desire	patients	14	5.07	1.9	2	8
		total	35	6.31	2.05	2	10
		normal	21	11.86	1.28	10	14
	satisfaction	patients	14	9.64	1.86	5	13
		total	35	10.97	1.87	5	14
		normal	21	9	1.55	5	10
	Total satisfaction	patients	14	6.36	2.71	2	10
		total	35	7.94	2.44	2	10
		normal	21	58.81	7.18	44	70
	sexual performance(M)	patients	14	42.36	12.62	15	60
		total	35	52.23	12.57	15	70

The findings of table 1 shows that the rate of women's sexual performance in the control group (59/22) is higher than the average score of dialytic patients (48/19). Also the results show that men's sexual performance in the control group (58/81) is higher than the average score of dialytic patients (42/36).

Normal distribution of the study's variables

As you are aware one of the preconditions of using parametric statistical tests, is the normal distribution of the variables under evaluation, therefore in this study to assess the considered assumptions Kolmogorov -Smirnov test was used which the results are shown in table 2.

Table 2: The test of assuming normal distribution of the variables,

Index	Kolmogorov -Smirnov	Sig.
Quality of life	0.71	0.68
Sexual desire	0.62	0.82
women's sexual performance	0.72	0.55
men's sexual performance	0.96	0.30

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As is deduced from the findings in table 2, a meaningful level is observed in the variables under evaluation more than the amount of the criteria 0/05 therefore we can acknowledge that the distribution of the variables under evaluation in the statistical sample has a normal distribution, therefore using parametric tests are permitted.

Evaluation of the equality of the variances

As you know one of the preconditions of using the statistical test of variance analysis, is the lack of meaningfulness of the presumption of Leven in the indices under evaluation ($p < 0.05$).

Analysis of the covariance of the two groups

For the purpose of comparison of the sexual multiple performances in two groups of healthy and dialytic women, the parametric test of covariance analysis was used in which the results are shown in table 4.

Table 4: Multi variable variance analysis for the means of comparison of sexual performance in two groups of healthy and dialytic men.

Test variables	Amount	F	Df	Df error	Sig.	Size effect
Pilly effect (state)	0.49	45.02	6	17	0.000	1.000
Lombodi vilex	0.05	45.02	6	17	0.000	1.000
Hotlink Effect	15.89	45.02	6	17	0.000	1.000
Largest root	15.89	45.02	6	17	0.000	1.000
Pilly effect (age)	0.823	13.13	6	17	0.000	1.000
Lombodi vilex	0.177	13.13	6	17	0.000	1.000
Hotlink Effect	4.63	13.13	6	17	0.000	1.000
Largest root	4.63	13.13	6	17	0.000	1.000
Pilly effect (group)	0.38	1.74	6	17	0.171	0.496
Lombodi vilex	0.61	1.74	6	17	0.171	0.496
Hotlink Effect	0.61	1.74	6	17	0.171	0.496
Largest root	0.61	1.74	6	17	0.171	0.496

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The effects on the basis of the results of multi variable covariance analysis test and the index of Wilkes lambda, between the groups of healthy and dialytic women in terms of sexual performance variables there is no meaningful difference.

Analysis of variance of scores in two groups of me

Table 5: Multi variable covariance analysis for the purpose of comparison of sexual performance in two groups of healthy and dialytic women

Test variables	Amount	F	Df	Df error	Sig.	Size effect
Pilly effect (state)	0.98	381.09	5	29	0.000	1.000
Lombodi vilex	0.01	381.09	5	29	0.000	1.000
Hotlink Effect	65.70	381.09	5	29	0.000	1.000
Largest root	65.70	381.09	5	29	0.000	1.000
Pilly effect (group)	0.49	5.59	5	29	0.001	0.976
Lombodi vilex	0.50	5.59	5	29	0.001	0.976
Hotlink Effect	0.96	5.59	5	29	0.001	0.976
Largest root	0.96	5.59	5	29	0.001	0.976

On the basis of the results of multi variable covariance analysis and the index of Lombodi vilex, between the groups of healthy and dialytic men according to variables of sexual performance a meaningful difference exists.

Uni-variable variance analysis

Table 5: Uni-variable variance analysis for the means of comparison of sexual performance in two groups of healthy and dialytic men

Index	SS	df	MS	F	Sig.
erection function	34.09	1	34.09	23.00	0.000
peak of sexual pleasure	82.97	1	82.97	19.88	0.000
Desire	36.04	1	36.04	11.06	0.000
satisfaction	41.18	1	41.18	17.47	0.000
Total satisfaction	58.67	1	58.67	13.51	0.000
men's physical performance	2273.79	1	2273.79	24.18	0.000

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With attention to table 6 between the average of erection function in healthy and dialytic men a meaningful difference is observed. Also between the average of the peak of sexual pleasure in healthy and dialytic men a meaningful difference exists. In regards to the component of sexual desire, with attention to the amount of F calculated (11/064) in a meaningful level (0/002) between the average sexual desire of healthy and dialytic men a meaningful difference exists. In regards to the component of satisfaction of sexual contact, with attention to the amount of F calculated (17/473) in a meaningful level (0/000) between the average satisfaction of sexual contact of healthy and dialytic men a meaningful difference exists. About the component of comprehensive satisfaction, with attention to the amount of F calculated (13/519) in a meaningful level (0/001) between the comprehensive average satisfaction of healthy and dialytic men a meaningful difference exists. With respect to the component of men's physical performance, with attention to the amount of F calculated (24/185) in a meaningful level (0/000) between the average of physical performance of healthy and dialytic men a meaningful difference exists. With attention to the mentioned results between sexual performance along with its components in dialytic men patients and healthy people a meaningful difference exists.

DISCUSSION

The study under view with the goal of evaluation of the multiple aspects of sexual performance in women and men suffering and not suffering from kidney disease was performed. The results of the present study showed that in terms of sexual performances between suffering and not suffering men from kidney disease a meaningful difference exists. Therefore and in line with the mentioned findings Diayez et al (2006) realized that sexual dysfunction is a common problem in men patients suffering from uremia. Also in the study of Ahmadvand et al (2013) it was shown that the majority of the hemodialytic patients suffer from sexual performance disorder. Such that the prevalence of sexual disability in dialytic patients is 92/5% from which 61/5% has been from the severe case. 7/4% did not have a problem in terms of sexual performance, 70/2% had decrease in sexual desire, 45/27% had lack of ejaculation, 33/1% had early ejaculation and 5/4% had late ejaculation. In this study between the demographic factors for example age, the length of time of dialysis, diabetes, depression, smoking, sequence of dialysis, cause of occurrence of kidney failure, using medication and high blood pressure with sexual disability a meaningful statistical relation was observed.

In the research of Rezakhanis and Safarinejad (2005) under the title of evaluation of the abundance of types of sexual disorder and related factors in men patients referred to the Urology Hospital Clinic of 501, early ejaculation had the most abundance. Also erection problem and sexual desire problem have more effectiveness from psychological problems compared to the other problems including early ejaculation. It can be said that prevalence of contact, social, psychological and medical problems between dialytic patients lead to changes in their sexual desire and sexual performance. Medical problems like hormonal changes, anemia, use of drugs and ...psychological problems like anxiety, conformity with illness, depression and anger, body

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image and low self-esteem because of the changes caused in the patient body for example existence of fistula and catheter can cause lack of feeling of sexual attraction in the patient and have a negative effect on his performance. On the other hand part of the findings of this study showed that between the group of healthy and dialytic women regarding variables related to sexual performance does not have a meaningful difference from the control. The mentioned findings are in line with the research of Boss and et.al (2012). Boss and et. al (2012) showed that hemodialysis is effective on the sexual life of women above the age of sixty.

This is such that the majority of the dialytic women participating in the present research were under the age of sixty and in the range of 30-50 years. In the research of Moor and et. al² with the title of performance, activity and sexual satisfaction in between the women getting hemodialysis which was conducted on a sample composed of 125 subjects, the results showed that a small number of women patients suffered sexual difficulty and sexual dysfunction was rare in this sample. Also the research of Boss and et. al³ with the title of the effect of nighttime hemodialysis on the sexual performance showed that difference in the sexual performances between the two groups of patient and control was not observed.

In findings not in line, Sung and et al (2008) with the title of sexual performance and life quality in Korean women suffering from chronic kidney failure receiving hemodialysis showed that the degree of menopause between the groups was different. Also the level of estradiol and testosterone was high and the level of prolactin and FSH was lower than the control group. The scores of all the dimensions of sexual performance in the group of patients specially desire, motivation, slipperiness of the vagina, peak of sexual pleasure, satisfaction and sexual pain was meaningfully less than the control group.

Also the findings of the present study was in contrast with the researches of Markus and et al (2006), Pang and et al (2005) and Sung and et al (2008). The studies mentioned reported the decrease in the levels of sexual performances in women suffering from the kidney disease to be meaningful. Maybe the reason for this difference is that in the study of Sung and et. al (2008) hormonal disorder and early menopause in the Korean women suffering from CRF receiving hemodialysis is common and because of early menopause their sexual performance is lower than the normal group. Although the women under study in the present research most were in the range of age of 30-50 years which seems that in these individuals menopause has not occurred. In another study of Pang and et al (2005) it was shown that sexual dysfunction is common in the women patients suffering from hemodialysis. The present research was done with the goal of evaluating the differences in the women's sexual performances and the men suffering and not suffering from the kidney disease. The findings showed that between the men's sexual performances in the two group of suffering and not suffering from kidney disease there is a

² Mor and et. al, 2014.

³ Boss and et. al, 2012.

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meaningful difference but these differences was not seen in the women's group. The mentioned findings can be valuable in the planning of preventive models in this area.

RESEARCH SUGGESTIONS

With attention to the findings of the present research it is suggested that measures be taken to improve life quality and decrease the negative effects of the factors effecting it. Therefore attention to the stressful factors in the life of dialytic patients is of very important points which can lead to the increase in the quality of life. The sectional being of the present research makes the possibility of comprehensive explanations problematic. Also adding the evaluation form of the life quality of chronic patients as one of the forms of the medical records of the patients should be considered.

LIMITATIONS

This study in the process of performance was along with many limitations, these limitations consist of: 1) of the limitations of this study we can refer to the lack of cooperation of some of the participants, also one of the conditions of the study, was the entrance of volunteer patients, hence a number of patients did not participate in the study. 2) the hemodialysis patients because of repeated returns to the hospital did not have the desire to allow extra time for the purpose of completing the questionnaire and therefore to prevent waste of time and attracting their cooperation more, the questionnaires were completed at the same time of performing the act of hemodialysis.

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Conflict of Interests

The author declared no conflict of interests.

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Happiness as Correlates of Mental Well-Being

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ABSTRACT

The quality of a nation depends upon the good mental health of adolescent students. Though the purpose of my study to explore whether happiness is associated with mental well-being among adolescents. The concept of mental health contains aspect of our emotional, psychological and social well-being and not merely the absence of disease. Happiness is the positive key factor of human daily life and was introduced as a main component of health by the WHO. Happiness is based on a life-long pursuit of meaningful, developmental goals. The purpose of this study was to explore the relationship between happiness and mental well-being among adolescent students. For this purpose a sample consisting N=100 adolescent students (male=50 and female=50). Sample was taken from Aligarh Muslim University, Aligarh. Mental well-being scale by Tenant et al. (2007) used to check the mental well-being among adolescents. And Oxford Happiness Questionnaire by psychologist Michael Argyle and Peter Hills (1989) to check the happiness level of adolescent students. Result was analyzed by SPSS software. Positive correlation ($r=.670$) was found between happiness and mental well-being among adolescent students. Insignificant difference had found between male and female adolescence on happiness level ($t=1.207$) & mental well-being level ($t=.105$). Thus, happiness can enhance the mental well-being of a person, which is beneficial for a person's healthy life style.

Keywords: *Mental health, happiness and adolescent students.*

In present decade adolescents mental problem are increasing day by day. This problem is very sever and dangerous for society as well as our nation. Happiness is positive key factor that contribute important role in promoting mental well-being of a person. In words of two American Social psychologists:

The investigation and application of positive human development is new perspective that was need now more and ever (Moore & Keyes, 2003).

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WHO has included mental well-being in the definition of Health. WHO defines mental health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 2001). According to WHO, mental health defined as a state of well-being in which people realize their own potential, can cope with normal life stresses, can work productively and can contribute to their community (WHO 2001b). Mental health studies show that 450 million people worldwide have a mental or behavioral disorder. Besides these out of every four people experiences a mental or behavioral problem at least once in a life time (WHO). Reese (2001) refers to wellness as “a self-awareness process of health and altering behavior, aiming towards a healthier physical, mental, emotional, psychological, occupational and spiritual state”. Thus mental wellness can be considered as absence of mental illness and positive evaluation of life.

Mental well-being includes the capacity to make health and happiness enhancing relationship with others. A person with mentally well know themselves and their needs, have clear goals, can relate to others using the skill of emotional literacy and can accept and manage conflicts very well without manipulation. People with mental well-being experience peace of mind, contentment, happiness and joy. Mentally well people can cope with life's ups and downs and be confident and resilient. Thus, mental well-being is more than absence of mental illness/disorders. It represents the positive side of mental health and could achieve by people with a diagnosis of mental disorder.

Studies showing that having mental healthy person can deal with difficult situation in a better manner (Smith & Segal, 2011) and they remain focused, flexible & creative at all times.

Happiness is most important key factor of human daily life and had introduced as main component of health by World Health Organization (Cohn et al.,2009). According to Aristotle, the realization of one's potential was a critical integrant of happiness, or eudemonia (Waterman, 1990). Similarly, according to some other theorists, happiness emerges when several specific life conditions have met, such as self-acceptance, environmental mastery, personal growth and relatedness (Ryan & Deci, 2001; Ryff, 1989). The meaning of happiness use to denote the preponderance of positive effects such as joy, interest, and pride over the negative effects such as sadness, anxiety and anger (Lyubomirsky, King & Diener). Study has found that measures of well-being, defined by aspect of healthy functioning, show negative correlation with symptoms of mental illness (Keyes, 2003).

Happiness considered as one of the important determinants of the subjective well-being (Honkanen et al.,2005). Happy people have more self-esteem, sense of control optimism and sense of purpose derived from having goals. All factors positively related to mental well-being of a person. Skevington, MacArthur, and Somerset (1997) found with a no of focus groups in England that happiness had rated as the most important component of Quality of life, greater

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than money, health or sex. Studies shows that happy people report low level of mental illness symptoms (Diener & Seligman, 2002).

Happiness play very important role in a well-being of a person. Study revealed that happiness could lead to well-being of individual and communities and never has negative consequences on humans and humanities (O' Brien, 2008). Another research finding showed that people who are happier achieve better life outcomes i.e. higher coping skill, supportive relationship, good financial performance and physical health as well as longevity (Piqueras et al.2011).

The objectives of present study are-

- To find out relationship between happiness and mental well-being among adolescence.
- To explore the difference on happiness among male female adolescence.
- To explore the difference on mental well-being among male female adolescence.

On the basis of the literature, the hypotheses of present study are-

- There will be positive relationship between happiness and mental well-being among adolescents.
- There will be no significance difference of happiness between male and female adolescence.
- There will be no significance difference of mental well-being between male and female adolescence.

METHODS

Participants-

The sample for the present study comprised of (N=100) male and female adolescence students of Aligarh Muslim University of 10th standard. Out of 100 students, there are 50 male and 50 female students. Their age ranged from 14-16 years.

Tools-

1. **Oxford Happiness Questionnaire** (Argyle and Hills, 2002). It is 6 point rating scale with response categories ranging from strongly disagree with a score of 1 to strongly agree with a score of 6. It has 29 items with test re-test reliability of 0.91. The inter item correlation ranged from 0.04 to 0.65 and mean score found 0.28.
2. The Warwick-Edinburgh Mental well-being scale (WEMWBS) developed by Tennant et al. (2007). It was founded by Scottish Government National programmed for improving Mental Health and Well-Being, this measure was used to assess the mental health of adolescents. It is a 5-point likert scale that is consisting of 14 items. Cronbach's alpha coefficient is 0.84 and test retest reliability of the scale is 0.83.

Procedure-

After establishing the rapport, some appropriate instruction had given to the participants. Data had collected individually from each participant. As soon as the subject completed both questionnaires, questionnaire had collected. After collecting the data scoring was done manually.

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Statistical Analysis-

Statistical analysis was done in accordance of the objective of the study. Pearson product moment correlation has used to find the relationship between happiness and mental well-being among adolescence students. And t-test was used to find out difference between male and female adolescence students. Data were analyzed by SPSS version 20.0.

RESULT AND DISCUSSION

Table1. Shows the correlation between happiness and mental well-being among over all adolescence.

Variables	Mean	SD	N	R
Happiness	4.24	.67	100	.670
Mental well-being	53.59	8.52		

Correlation is significant at 0.01 levels (two tailed).

Table no 1. Shows the score of happiness (N=100, Mean=4.24, SD=53.59) and mental well-being (N=100, mean=53.59, SD=8.52) among adolescents respectively. The correlation value of happiness and mental well-being had found **.670** that shows significant correlation at 0.01 levels.

Table2. Shows correlation between happiness and mental well-being among male and female adolescence.

Gender	Variables	Mean	SD	N	R
Male	Happiness	4.15	.66	50	.637
	Mental well-being	53.68	9.03		
Female	Happiness	4.31	.67	50	.723
	Mental well-being	53.50	8.08		

Correlation is significant at the 0.01 level (two tailed).

Table no 2. Shows the correlation value of male and female adolescents separately. Male score of happiness (N=50. Mean=4.15, SD=.66) and mental well-being (N=50, Mean=53.68, SD=9.03) and their correlation value were found **.637**, that shows significant correlation at 0.01 level. Female score of happiness (N=50, Mean=4.31, SD=.67) and mental well-being (N=50, Mean=53.50, SD=8.08) and their correlation value were found **.723**, that also shows significant correlation at the 0.01 level.

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Table3. Showing the mean difference of happiness and mental well-being among male female adolescents.

Variables	Gender	N	Mean	SD	df	t value
Happiness	Male	50	4.15	.66	98	1.207
	Female	50	4.31	.67		
Mental well-being	Male	50	53.68	9.03	98	.105
	Female	50	53.50	8.04		

Table no 3. Shows the mean difference of happiness and mental well-being among male and female adolescence. The mean difference of happiness among male adolescents (N=50, Mean=4.15, SD=.66) and female adolescents (N=50, Mean=4.31, SD=.67) were found ($t=1.207$, $p>0.05$), which is insignificant at 0.05 level. The mean difference of mental well-being among male (N=50, Mean=53.68, SD=9.03) and female (N=50, Mean=53.50, SD=8.04) were found ($t=.105$, $p>0.05$), which is also insignificant at 0.05 level. Thus our null hypotheses (H_0) were accepted. There is no significance difference between male and female on happiness and mental well-being dimensions of adolescent students.

Above result shows that there are a positive correlation between happiness and mental well-being among male and female adolescents. Thus our alternate hypotheses H_1 is accepted, there are positive correlation exist between male and female adolescents. It means that happiness is the best promoter of better mental well-being of adolescents. Study conducted by Diener and Seligman (2002) found that happiest group of people had few symptoms of psychopathology, such as depression, hypochondrias is or schizophrenia. Another study conducted by Kambiz Kamkay et al. (2012) supported our finding. They conducted their study on Tehran youth people and found the significant correlation between happiness and mental health among Tehran youth people. Thus, we can simply say that positivism or happiness is the significant predictor of mental and psychological well-being of a person. Findings also suggests that if a person are mentally healthy, they can enjoy their life more happily way.

Perneger et al. (2004), conducted a cross sectional study on young Swiss adults and found strong association between happiness and mental health. Thus if people are happy may help to identify mental health care needs. They can able to do good care of themselves as well as society. Happiness may also be a useful outcome measure for evaluation of health intervention. Nazirul Hasnain et al. (2014), conducted a study on Assamese male and female, they concluded that hope and happiness emerged as significant predictor of psychological well-being youth adults. Another research evidences indicate that there are significant correlation between happiness and general health outcomes such as commitment to have higher level of physical exercise, having a

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healthy sleeping pattern, healthy diet and commitment to keep away from smoking or drinking alcohol (Blood Worrth and McNamee, 2007).

This study also shows that there is no significance difference between male and female on mental well-being and happiness dimensions. It means that male and female adolescents do not differ from each other. Both had found equal score on both the happiness and mental well-being level. Present study supported by the study conducted by Srividhya and Khadi (2007). They conducted their study among adolescents and found that boys and girls did not differ in mental health status and there is no influence of age, type of family, ordinal position, sibling status and family income on mental health of students. Happiness becomes major goal in life around the world (Diener & Oishi, 2006).

CONCLUSION

We can conclude that happiness is the important key factor for promoting and enhancing mental well-being of an individual. When a person is mentally healthy can deal with difficult situation in a better manner (Smith and Segal, 2011). As researches indicate that mental health, problems are the biggest contribution to poor well-being (Layard et al. 2013). So happiness can enhances the mental well-being among adolescence and the can enjoy the fully functioning life. Boys and girls both are same at happiness and mental well-being dimension, happiness can enhances their mental well-being equally. Thus, we can develop many intervention program of happiness to enhance the mental well-being of adolescents.

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HIV/AIDS and Psychosocial Ostracism: A view from Kashmir

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Keywords: *HIV/AIDS, Psychosocial Ostracism, Kashmir.*

HIV/AIDS: General Perspective

Literally the phrasal acronym HIV/AIDS would prove a leitmotif in this study. AIDS is the final stage of HIV infection, and not everyone who has HIV advances to this stage. At this stage people are susceptible to opportunistic infections because of their damaged immune system. So a person progressed to too many opportunistic infections means he has AIDS. He also may show very little CD4 count. A person at this stage is bound to go for medical, salubrious, and therapeutic intervention to avoid the extreme results and death sentence. HIV epidemic has a well-documented and well understood progression. Untreated, HIV is almost universally fatal because it eventually damages the immune system—resulting in acquired immunodeficiency syndrome (AIDS). HIV treatment (antiretroviral therapy) helps people at all stages of the disease, and treatment can slow or prevent progression from one stage to the next. As yet no vaccine or drug has been made by the medical sciences that ensure the complete eradication of virus from the body. The available drugs surely can stop the growth of virus, or lessen the multiplication of it. These drugs have been responsible for the longevity of the HIV infected.

Worldwide HIV & AIDS Statistics

HIV/AIDS epidemic is defined by the HIV prevalence in the general population. HIV prevalence is the percentage of the population living with HIV. HIV prevalence is below 1% in the general population but exceeds 5% in specific at-risk populations like injecting drug users or sex workers. In order to understand the HIV and AIDS epidemic, it is necessary to look at certain figures. Researchers and epidemiologists usually compile the number of people living with HIV (the HIV prevalence), the number of new infections (the HIV incidence), and the number of people who have died of AIDS among other categories. The latest statistics of the global HIV and AIDS epidemic were published by UNAIDS, WHO and UNICEF in July 2014, and refer to the end of 2013. The number of people living with HIV/AIDS in the end of 2013 was 35 million. About 3.2 million are under the age of 15. In 2013, an estimated 2.1 million people were newly infected with HIV and 240,000 were under the age of 15. Every day more than 5,700 people contract HIV—nearly 240 every hour. In 2013, 1.5 million people died from AIDS. As of March 2015, 15 million people living with HIV were receiving antiretroviral

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treatment. 59% of people living with HIV are still not accessing treatment. Since the beginning of the pandemic, nearly 78 million people have contracted HIV and close to 39 million have died of AIDS-related causes.

Social Exclusion, Stigma and HIV/AIDS

HIV/AIDS stigma and discrimination exists worldwide, although they manifest themselves differently across countries, communities, religious groups and individuals. Fear of contagion coupled with negative, value-based assumptions about people who are infected leads to high levels of stigma surrounding HIV and AIDS. The stigma is due to some unavoidable facts or even perceptions. HIV/AIDS is a life-threatening disease, and therefore people react to it in strong ways. HIV infection is associated with behaviours (such as homosexuality, drug addiction, prostitution or promiscuity) that are already stigmatized in many societies. Most people become infected with HIV through sex, which often carries moral baggage. There is a lot of inaccurate information about how HIV is transmitted, creating irrational behaviour and misperceptions of personal risk. Religious or moral beliefs lead some people to believe that being infected with HIV is the result of moral fault (such as promiscuity or 'deviant sex') that ***deserves to be punished. The effects of antiretroviral therapy on people's physical appearance can result in forced disclosure and discrimination based on appearance. The fact that HIV/AIDS is a relatively new disease also contributes to the stigma attached to it. The fear surrounding the emerging epidemic in the 1980s is still fresh in many people's minds.***

Stigma may also vary depending on the dominant transmission routes in the country or region. In sub-Saharan Africa, for example, heterosexual sex is the main route of infection, which means that AIDS-related stigma in this region, is mainly focused on promiscuity and sex work. "Because it is about sex, in my country they then automatically think you got it because you have been loose...you are not anything better than a prostitute... they don't believe you didn't get it any other way." - African woman in the UK. In Western countries where injecting drug use and sex between men have been the most common sources of infection; it is these behaviours that are highly stigmatized. Women with HIV or AIDS may be treated very differently from men in some societies especially the male dominated one. "Even a married woman who has been infected by her husband will be accused by her in-laws... In such a male-dominated society no-one ever accepts that the man is actually the one who did something wrong... It is even harder on women since it is seen as a fair result of their sexual misbehaviour." - HIV-positive woman, Lebanon.

AIDS-related stigma has had a profound effect on the epidemic's course. The WHO cites fear of stigma and discrimination as the main reason why people are reluctant to be tested, to disclose their HIV status or to take antiretroviral drugs. Some of these consequences refer to 'internal stigma' or 'self-stigma'. Internal stigma refers to how people living with HIV regard themselves, as well as how they see public perception of people living with HIV. "I am afraid of giving my disease to my family members-especially my youngest brother who is so small. It would be so pitiful if he got the disease. I am aware that I have the disease so I do not touch him—I talk with

him only. I don't hold him in my arms now." A Woman in Vietnam says". Self-stigma and fear of a negative community reaction can hinder efforts to address the AIDS epidemic by perpetuating the wall of silence and shame surrounding the epidemic.

Reading HIV/AIDS and Exclusion in Kashmir

It has been more than two decades of time Kashmir is living with HIV/AIDS. No matter the first case was reported in 1986, the same year India reports its first case, HIV has not been hovering over valley the way it does to whole of India. Fortunately the number of HIV positive patients is still counted on finger tips. The pandemic has not drastically engulfed the valley, as it does as per its characteristic features and transmission. Kashmir has been so lucky being almost away of the treason of the pandemic to a larger extent. At the same time the fact cannot be overruled that Kashmir is living with this virus since 1986. Valley is suffering the way others do, but may be on smaller scale. The poverty, exclusion, stigma, hatred, discrimination, and prejudice viz-a-viz HIV/AIDS may have least extensions in terms of Kashmir as compared to other States of the country. The question is not only what are the reasons and ways HIV/AIDS spread in Kashmir, but the question why HIV couldn't make its avenues powerful in the valley. Why is there a little number of HIV patients, even when the circumstances like illiteracy, unawareness, and backwardness, were in favour of such transmissions and spread. The study is necessarily based on field study and a well demonstrated questionnaire formulated on the basis of the nature of the HIV/AIDS pandemic. Different dimensions of exclusion have been separately put into course and have been analyzed, processed and explained differently.

Reaction when hearing the status of HIV Positive

The very basic fact about the epidemic HIV/AIDS is that the death is certain because it is still incurable and no vaccine can help eradicate the virus from the body. No doubt the patient lives long years of healthy life, but, the ring of death keeps the person always on pins. The very first response of an HIV positive person after knowing his/her HIV status is quite scary and rattling. There was diversity in blenching responses from the respondents. Some of them have literally floored down to earth. It seems to them a kind of death announcement. The positive status proved fatal to some of the patients, and lost their strength to struggle against the diseases. They seem just broken inside with pale traduced complexions.

Firsthand Response of Family Members

The next encounter is at home. Here it is worth to see the reaction of family members. The characteristics of HIV/AIDS will definitely tell upon its stigmatizing and hateful attributes. It shows quite well 68 percent of respondents say that they have been encouraged and taken care of since they were tested positive. Further 24 percent said that some of the family members started to show a cold shoulder for the reason they are afraid of the circumstances if get touched with any HIV positive, as they have still certain misconceptions regarding the transmission of HIV.

The very least percentage of eight replied in affirmative when asked if they were abused sometimes being HIV positive.

Effect on Marital Relationship

Usually it is seen that there is a direct impact of HIV on marital or sex relationships. It is a virus that has got the sexual track the primary reason to get transmitted. So it is impossible naturally to get together when one spouse among the two tests positive for HIV. Further there cannot be any sexual relation any more without any proper protection. It clearly defines the reaction of spouse when getting to know the HIV status of his/her spouse. Fourteen percent of respondents are already widow or widower and sixteen percent of all are unmarried. The remaining seventy percent have many different things to say. The majority of 44 percent says that their spouses started to take much care of them. Although eight percent say their husband/wife started to dislike him/her and the same percentage says that there was no difference in relationship at all. Six percent say the relationship got deteriorated and four percent people's marriages saw the drastic outcome in the form of divorce or separation.

Reaction of Mates and Friends

Mates and friends are a very important part of one's social life. These get changed at different levels of life and new faces replace the previous one. At every stage their role is quite serious, interesting, and needful. When talking about the impact of HIV on such relationships is quite serious. The relations thus can get collapsed. This question identified the fact of stigma which is attached to HIV and AIDS. The close friends may get detached after their friend has been declared Positive for HIV. Fifty two percent of the respondents experienced the partial abandonment from their close mates and friends. The major reason for this may be the fear of transmission of HIV. The ten percent say that was not a prominent change in such relationships as in before and after. A very less percent of 4 say that they experienced complete abandonment from their friends.

Complications faced in Reaching out Health Centers

There are certain chances of getting ostracized at different places and settings like marriage, place of worship, bus, train, workplace, hospital and others. HIV positive people are susceptible of getting excluded on their HIV positive statuses. The above chart identifies the intensity of care and treatment by the medical faculty. Seventy eight percent of the respondents admit that they do not face any complications from the medical faculty while availing the medical facilities. Yes about twenty two percent somehow were not happy with the facilities for the reason they are supposed to visit the ART Center Srinagar each month to get a month's long medication course. There are some very poor who can't afford even the bus fare. For such reasons they seemed unhappy with the medical administration and Government policies. The medical staff along with the patients does cry for more ART centers in Kashmir.

Attitude of Doctors and Exploitation faced in Hospitals

As explained above the HIV patients get stigmatized in different social settings. Hospital is the only place where they need to disclose all their secrets related to their health. They get tested and all the health statuses are apparent. They can't keep secrets; they are supposed to share what they are and suffer. The question defines if the HIV patients get full-fledged treatment and care by Medical faculty they are concerned with. For this question ninety six percent replied in affirmative and only four percent replied in negative.

Care Taker at Home

HIV positive patient usually don't need so much of care as the other ill persons do. An HIV positive person can live several years of healthy life. He can get engaged in day to day tasks and job. He has nothing to worry about if he is on proper medication. Yes there are chances of opportunistic infections or chances of getting weaker day by day. That is why he/she needs proper and nutritious food and regular testing and checkups and follow-ups.

It explains the fact that a maximum of fifty two percent of HIV positive patients are being cared by their respective spouses. This identifies the love and care between husband and wife. The spouse is the first person when it comes to health issues especially when parents are quite older. Sixteen percent of the respondents say that their parents take care of them because most of such patients are either unmarried or much younger. Fourteen percent take care by themselves for the reason they don't expose their HIV status to others. Ten percent are cared by children who must have progressed in age and eight percent of patients are cared by siblings (brothers or sisters).

Impact of Disease (HIV/AIDS) on mental state

The disease seemingly has lasting impact on the total personality of man. In other words the trajectory or plight takes HIV patient somewhere else than it was projected before. The disease changes the course of life. It adds more chaos, uncertainty, disturbance, imbalance, dependence and much more to life. It stressfully insists a man think differently. For example, during the field study and interviewing the patients while replying some of the questions they felt broken, and some of them started crying literally. As most of them are Muslims and hence believers and God fearing, they open-heartedly said that they spend most of the time remembering Almighty God and prayers (*salah*). Most of them prostrate, and supplicate and repent of their ill doings and mischievousness done in the past. It seems that they have been sentenced to death. This shows a mental condition they are going through. The question, if the patient has felt any kind of mental disturbance or trauma ever. There were some twenty two percent of affirmative and seventy eight percent of negative responses for this query. It means there is quite an influence of being an HIV positive on the mental state. It is disturbing the mental equilibrium.

A sufferer when asked how they feel and what they mean by living with HIV/AIDS, which is almost something living with death, reply some bitter experiences. They know they are living with a disease which is incurable. They are also aware of the fact that there may some good years

of healthy life too on the conditions when living a hygienic and clean life with proper and regular medication. They feel the anonymous fear and always keep themselves aloof fearing to transmit the virus to others. They do such things, and live their lives the way they even don't need. Most of them were found super conscious and cautious when using their utensils, bed, bathroom, clothes, and soap etc. However they know the ways of transmission, still they take very good care which is worth praising.

Relevance of the Study

AIDS is a socially constructed illness. From the beginning of the pandemic, HIV/AIDS has been socially constructed in stigmatizing ways resulting in negative perceptions of the virus and those who have it, as well as resulting in behaviors that reflects the stigmatization. HIV/AIDS-related stigma is "a term that refers to prejudice, discounting, discrediting, and discrimination directed at people perceived to have AIDS or HIV, and the individuals, groups, and communities with which they are associated" (Herek, 1999, 1106). This concealed nature of HIV infection is of basic importance when considering society's reaction to those infected. People infected by HIV conceal for two main reasons: to hide their positive status; and to keep secret the means by which they became infected. In his explanation of stigma, (Goffman 1963) calls this need to appear normal as 'passing'. So the HIV positive person may be stigmatized not solely for being positive, but also for suppositions regarding their sexual lifestyle, sexual orientation, and other stigmatizing characteristics such as drug use. It has been noted that the tactic of concealing a positive status is not an entirely adequate strategy for avoiding the pain of illness-related stigmas (Alonzo and Reynolds, 1995). This 'courtesy stigma' (Goffman, 1963) can result in further isolation of the family affected by HIV and AIDS, thus limiting their support networks when both emotional and physical help is needed. Partners will also have to consider whether they need to 'keep a secret' and to whom they may look for support without experiencing 'courtesy stigma'. Concealing HIV status can have a significant effect on whether or not an HIV-positive person seeks appropriate healthcare. Stigma and social exclusion can limit access to health and social services, and this is equally true of seronegative partners who often feel they are 'invisible' to the services to which their seropositive partners have access (Van der Straten et al., 1998). In order to maintain conceal ability, individuals affected by HIV and AIDS use a number of strategies. Lying about the diagnosis to others, particularly outside of the immediate care-giving relationship, is notable.

Research Methodology & Theoretical Aspects

The study of research has an exploratory research design. The main purpose of the study is to tackle with the social dimensions including social exclusion, stigma, courtesy stigma, and discrimination faced by the people living with HIV/AIDS in Kashmir Division of Jammu and Kashmir State. There can be several or may be different theoretical perspectives underpinning the situation and arguing for the subject. Like Emile Durkheim, a renowned social thinker has given a valid and penetrating attention to the moral dimensions of human behaviour. He believed that society is controlled by the morality, and it is the society which teaches the man morality. So

according to this theory stigmatization is normal when a man goes against the moral or ethical dimensions of the society. Such is the case with HIV/AIDS. In order to maintain conceal ability, individuals affected by HIV and AIDS use a number of strategies. Of all the topics covered in this research, stigma may be the area in which communicators have the greatest comparative advantage to make a difference. The challenge is to identify the many and varied ways that stigma impedes prevention, testing, care, support, and treatment of HIV/AIDS in a given country and to directly address these issues through all communication interventions, be they mass media, community-based, or IPC/C.

Sample of the Study

The important question that should be answered in all sample surveys is "How many participants should be chosen for a survey"? However, the answer cannot be given without considering the objectives and circumstances of investigations. So the concerned study itself proved decisive and there was no such great hustle deciding the sample size or the number of respondents. Kashmir Division has a very less number of HIV positive patients, which is around 230 only including those, expired. But the numbers of patients who come to visit the ART cell Srinagar on regular basis and avail the services are around 90 local Kashmiris excluding Non-Kashmiris. So the sample size was itself described and sought out. But due to some communication gaps the sample size has been minimized to 50 all living with HIV. Time curtailments also stabilized the size on 50.

Data Collection

While collecting the data most of help has been sought from health department, medical institutions, District hospitals, JKSACS (Jammu & Kashmir State AIDS Control Society), related organizations, and the Supreme Head Medical Institution of Kashmir, SKIMS (Sher-i-Kashmir Institute of Medical Sciences), were is the only ART center in Kashmir division for HIV/AIDS patients as well. Almost all the HIV patients hailing from the Kashmir valley are supposed to come to SKIMS Srinagar, the Summer Capital of Jammu & Kashmir to avail free medicinal facility, treatment, CD4 Tests, other related tests, counselling, and moral, ethical and emotional support. So the identification of cases was normal. A study was carried out by employing the Interview Schedule and Observation as methodological tools. To carry out this study, a positivist approach was utilized. Positivist approaches rely heavily on experimental and manipulative methods. The positivist position is grounded in the theoretical belief that there is an objective reality that can be known to the researcher, if she or he uses the correct methods and applies those methods in a correct manner. (Cohen and Crabtree, 2006).

Conclusion

HIV/AIDS is a social disease as well as a medical condition. The progression of AIDS as a medical disease runs parallel to the drastic and irreparable stigma and discrimination. AIDS has a culminating effect on the social life and society as a whole. HIV/AIDS related Stigma and Discrimination has been as killing as the disease itself and even more than that. In India at many

places the HIV positive patients have been forcefully evicted from their homes, their work places. Some have been denied health care and facilities. Some were disowned by their families and community. HIV positive was considered not less than a devil, off track, mischievous, unfaithful, unclean, unsocial, uncultured, misguided, immoral, and unethical. Stigma and discrimination are an attribute of human instincts, so a man wishes to live a life untouched with disgrace and dishonor. The man's instinctive tendency has made him filter out the dangers that put their survival at risk. This instinctive behaviour leads to stigmatize and discriminate against those we think and perceive as causing danger to not our existence only but to our human stature and attitudinal stance.

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Indicators of Mental and Visual Impairment, Stress Relation of Parenting with Self-Efficacy

Nooshin Asadi^{1*}

ABSTRACT

Introduction: Birth and presence of children with vision problems in every household could be considered a challenging event which will follow with stress, frustration and hopelessness. **Objective:** This study aimed to determine the relation between parenting stress with student's self-efficacy who has visual impairment. **Method:** This study was conducted as a causal-comparative design in the form of a multi-site in the descriptive study field. The target formed the population included all male students with visual impairment living in Tehran and Karaj. For this purpose sixty (N =60) students (age range 22-12 with average age: 18.2) were selected by available sampling method. Data collection was based on survey methods to assess parenting stress in the index of Schiffer work questionnaires (response rate = 91%) was used. The collected data were analyzed using Pearson correlation test and F-test. As well as qualitative data were analyzed obtained from the assessment coding demographic and qualitative data analysis tool Atlas.ti-5.2. **Results:** Data analysis showed that between parenting stress of mothers There is a significant relationship with three levels of academic self-efficacy ($r=-0.35$), social ($r=-0.27$) and emotional ($r=-0.28$). **Conclusion:** in line of management background, the results of this study indicate that there is a linear relationship between stress of parenting and efficacy in children, these findings could be promising outlook for future interventions.

Keywords: Academic Efficacy, Social Self-Efficacy, Parenting Stress Of Mothers, Emotional Self-Efficacy.

Blindness is a Special Condition and situation that appears in the effect of different terms before or after Birth (michaeli, 1387). Certainly birth and presence of children with vision problems can be considered an adverse event and challenging in every household, which may follow with stress, frustration, sadness and despair. Several evidences show that parents of children with mental or physical problems are more likely to have emotional problems, limiting economic and social nature often with devastating and pervasive encounters, (Khamis, 2007). Although all

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family members and their functions in such a situation are damaged (Hearing et al., 2006) due to the traditional role of mothers 'Watchmen', they assume more responsibilities for their children which as a result, they encounter more psychological problems. Assumption which is based on is That Difficulties Related To Care From Son problematic, Parents and Specially leaves Mothers Exposed to the dangers Related To Mental Health which affect children and his performance (Olson and Huang, 2001; McConkey et al, 2007). Mother is the First Person That Establishes Straight Relationship with the Children. Problems that Mothers face With Children , the Children need for Ongoing care, The importance of Building the Special conditions for Growth, Parents experience tension due to lack of skills, behaviors of children self-care in this group of Children, Are all the grounds to provide weakness to a normally functioned mother. Existence of such problems will have an increase in average non marital satisfaction of the mothers of disabled children compared with mothers of normal children. Also, the expectations away from the ability of children and in its wake not meeting the expectations cause the failure of parents (Hind, 2004; quoted mehrabi, 1383). In total, these conditions can cause stress in the field of child development, lack of interest in relation to the environment, a sense of low self-esteem and mother's worthlessness and negative consequences such as low self-efficacy, anxiety, aggression (Narimani et al, 2007), low self-esteem and severe depression (lajevardi, 1371) to be followed in children's and their health risks (Mohammadi, Dadkhah, 1381). Efficacy of social cognitive theory, Albert Bandura (1997) is derived that beliefs or judgments of a person refers to his or her abilities to perform the duties and responsibilities (Karadenas, 2007; quoted Maher, 1386). Knowledge and understanding of their individual capabilities is known as efficacy. This concept have been studied for nearly three decades by psychologists and theorists (Harington and Olson, 2005; quoted Saif al, 1385).refers To feel self-esteem, self worth, a sense of efficacy in dealing with life (Bandura, 1997; quoted Seif et al, 1380). , At the age of eight children in his own descriptions is less objective and is more focused on psychological aspects.) and often compare themselves to others and thus lay the foundations of self-efficacy in children (Harington, 2000; Toozandehjani and Kamalipour translation, 1380) Self-efficacy is the result of the interaction of organism and environment. It can be said simply believing one's self features include: needs, motivations, attitudes, abilities, knowledge and understanding that forms behavior patterns (Amini, 1375). Most sociologists and psychologists have mentioned that some positive self-concept to be synonymous with high self-efficacy and some self-esteem to be synonymous with efficacy (Marchty, 2002, quoted by gohari, 1377). Research has shown that , there is a relation between parents, parenting styles and self-efficacy (crown , 1996; Moore, 1998; quoted by Fathi ashtiani, 1378). National self efficacy, is now one of the distinguishing factors of advanced and backward nations. Studies have shown that human resource of advanced countries have high efficacy and hence trying to increase the features of long-term plans countries around the world And high-efficacy is directly related to marital satisfaction and parenting styles (Ross, 2002; quoted by Karim Zadeh,1380).

On the other hand parenting process refers with knowledge in every aspect of health, physical development, personality, mental, emotional, emotional, social, from infancy to adulthood

(Isaacs, 1995; quoted by Rajayi, 1387). Parents who waver in their communication, lack of confidence and disagree with stability in the upbringing of their children, the parenting based on pattern of exclusion, extreme protection with negligible or control, dual discipline, moral standards emotional frailty using bulk their behavior in children neurotic the consolidation and dumped into the emotional and affective children in dire need and in such circumstances the sense of trust and security that the healthy emotional development of numerous fails (yrehcireB, 1998, quoted by Dehghanpoor and Khrazchi, 1377). On the other hand, Marriage satisfaction refers To feel Happiness, Satisfaction And Pleasure By Female Or Husband when they consider All Aspects Of Marriage, (Hawkins, 2003; quoted by Sana'i, 1378). By definition, a couple's marital satisfaction is defined in the dictionary as a performance and appropriate behavior based on traditional tasks, customary law for each of them in family (danaee, 1391). Also, Ellis (1989) States that marital satisfaction and feeling of happiness, satisfaction, and joy experienced by the husband or wife when they consider all aspects of their marriage (soleimani, 1373). As mentioned, each Family has a Special Style in their children's Upbringing Under the Title of Parenting which is affected From different Factors like Cultural factors. Most of the disorders and incompatibility of Children caused by attention deficit often is in this sensitive period (Hall, 2000; quoted by nejati 1379). Given the importance of these issues and concerns in regard to the application of prevention and treatment, aimed to study the relationship between mother's parenting stress and marital satisfaction, self-efficacy (related to parenting stress with the efficacy of students) and students with visual impairment and blindness.

ETHICAL PRINCIPLES

In this study, the informed consent was obtained without coercion, threat, enticement and seduction and their decision to refuse or accept to participate in the study were respected. It was also tried that the research methods do not contradict with the religious and cultural principles of the participants and the participants were respected in all stages of design, implementation and reporting in terms of human dignity, respect and protection of their physical and mental integrity so that conducting the research would not delay in the process of medical care for the participants.

Size Of Sample

Given that the statistical method in this research is correlation and regression analysis and in regression analysis, sample size must be between 20 to 25 times of predictor variables (Homan, 1381) Thus, with regard to twenty participants for each of the three ranging study of 60 subjects were used in this study.

$$N = 3q = 3 \times 20 = 60$$

Statistical Analysis

In the present study due to the nature of the study and previous research to examine the relation between three variables of parenting stress, marital satisfaction and self-efficacy and according

to the distance of the scale of all three parametric test, regression analysis and Pearson test the significant relation were analyzed by t-test.

METHOD

This study is a causal-comparative plan and solidarity in the field of descriptive design. The target formed a population included all 12-22 year-old male students with visual impairment living in Tehran and Karaj. The presented study data were collected in a survey in 1393 during 1 June until 1 March, using questionnaires and clinical interviews. For this purpose sixty (N =60) students were selected through convenience sampling. The method of collecting data was survey and indicators to measure parenting stress, job satisfaction and self-efficacy questionnaire by Schiffer, Enrich and general self-efficacy were used. Data collected were used with Pearson correlation test, F-test and regression analysis. As well as qualitative data were analyzed obtained from the assessment coding demographic and qualitative data analysis tool ATLAS.ti - 5.2. In the first stage with the kind permission of the Department of Education and in coordination with the school administrators to inform parents and students of the overall objectives of the research, the questionnaire was available to parents and students. Then the parents and students were asked to carefully and fully complete the questionnaire. After completing questionnaires from parents and students in this study were appreciated.

Instruments

- **Parenting stress inventory (PSI):** questionnaire with Items 101 of By Abdin 1967 is designed and based on the level of stress in the evaluation of the child's parents. The questionnaire is based on the principle that stress (stress) of some of the features of parenting children and some directly related to the characteristics of parents who are affected by it (Abdin, 1995, translated by Alizadeh, 1388). Short form of parenting stress test with 36 questions to evaluate three subscales Discomfort of parents, the child and the child dysfunctional interaction designed is difficult. Short form of Parenting stress test is involved in the credit of long form, (Abdin, 1995). Because it was adapted directly. At the same time validity combined score of 101 long-form question, parenting stress, 95% have been reported (Abdin, 1995; quoted by K., 1388). Estimate the reliability of the test - retest and internal consistency of the scale composite (combined), 91% have been reported (Abdin, 1995; quoted from K., 1388). Test-retest reliability by 53 women with an interval of 6 months and reliability of the overall stress of 84% was achieved, as well as reliability of the questionnaire in the study Abdin. (1388) using Cronbach's alpha equal to 92 % have been reported.

- **Adolescent social self-efficacy scale:** Adolescent social self-efficacy scale in 1989 by Kennelly was made in order to measure efficacy in adolescents. This is a self-report tool, which has 25 items. Adolescent social self-efficacy scale has five subscales: social decisiveness, performance in social situations, participate in social groups, aspects of friendship and intimacy, help or assistance, total scores between 25-175, and higher scores indicate participants are high levels of social self-efficacy. Cronbach's alpha coefficient of the test in the first group 0.90, 0.92

Indicators of Mental and Visual Impairment, Stress Relation of Parenting with Self-Efficacy

in the second group and the third group was 0.95. Retest reliability of the method in the first two weeks of 0.94 is at a distance of retest reliability coefficient for men as well as women's 0.81 and 0.86 have been reported. A significant positive correlation between self-efficacy scale scores adolescents and their perception scale silhouette was seen in the first and second groups (Harter, 1982). It also scores of this scale and scale compatibility between high school student surveys to evaluate the Group has significant correlation (Printz et al, 1978).

As seen in Table 1, statistical indicators is proposed, such as mean, median, standard deviation and the Elongation.

Demographic features of the participants

Table1: Demographic status of the participants of the study

variable		central tendency			Distribution			Distribution Index	
	mode	median	Mean	variation range	Variance	SD	SD error	curvature	Elongation rate
Parenting stress	84	102	107	97	727.4	26.97	3.93	0.43	-.88
Efficacy students	120	116	109.6	131	900	30	4.16	-0.79	-0.003
Academic efficacy	33	35	34.07	44	100.90	10.04	1.36	-0.63	-0.37
Social efficacy	37	33	33.05	40	84.74	90.20	1.26	-0.50	-0.15
Emotional efficacy	105	37	36.54	44	119.59	10.93	1.50	-0.61	-0.37
marital satisfaction	105	107	108	46	62.10	7.88	1.12	0.4	2.02

As seen in Table 1, statistical indicators is proposed, such as mean, median, standard deviation and the Elongation.

Kolmogorov-Smirnov test

As you are aware, one of the preconditions for the use of parametric tests, is normality of distribution in research variables, the Kolmogorov-Smirnov test was used to investigate the above preconditions that results is provided in Table 2.

Table 2: results of Kolmogorov-Smirnov test

Variable	Z	Sig.
Parenting stress	0.83	0.49
Academic efficacy	0.98	0.29
Social efficacy	0.83	0.48
Emotional efficacy	0.88	0.41

According to the results in Table 2, it can be concluded that all variables studied were normal, as a result to evaluate the assumptions of the study parametric tests can be used.

Pearson correlation test: parenting and self efficacy

Table 3: The correlation coefficient between mothers' parenting stress and self-efficacy

Variable	Correlation	Coefficient	Direction	R ²	Sig.
Parenting stress and students efficacy	Pierson	-0.31	Negative	0.10	0.05

According to the table above and the obtained correlation (-0.31) can be concluded that between stress and parenting efficacy in students. Also, due to the negative correlation can be concluded that the higher the mother's parenting stress, lower self-efficacy of the students coefficient amount of determination 10% shows that 10 percent of self-efficacy of the students with their stress levels is predictable.

The correlation scatter plot

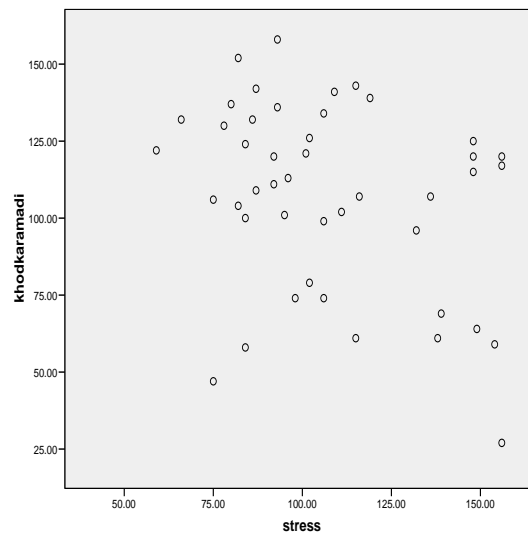
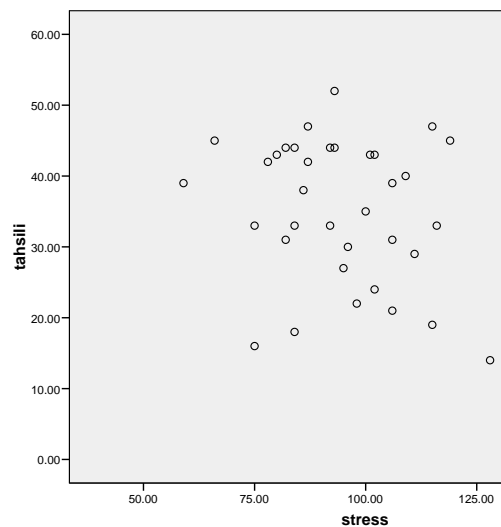


Figure 1: Distribution correlation between mothers' parenting stress and self-efficacy

Table 4: Correlation coefficient between parenting stress and academic self-efficacy

Variable	Correlational	Coefficient	Direction	R ²	Sig.
parenting stress and academic self-efficacy	Pierson	-0.35	Negative	0.12	0.05

According to the table above and the amount calculated correlation (-0.35) In 0.05 level is significant that one can believe that there is a significant relationship between parenting stress and self-efficacy in education of children,. Also, due to the negative correlation can be concluded that the higher the mother's parenting stress, academic self-efficacy is reduced. Coefficient of determination shows that 12 percent of their students' academic performance is predictable with their stress.

**Figure 3: Distribution correlation between mothers' parenting stress and academic self-efficacy****Table 5: Correlation coefficient between Mothers' parenting stress and social self-efficacy**

Variable	Correlational	Coefficient	Direction	R ²	Sig.
parenting stress and social self-efficacy	Pierson	-0.27	Negative	0.07	-

The calculated amount is significant And it can be concluded that there is a strong correlation between the two variables.

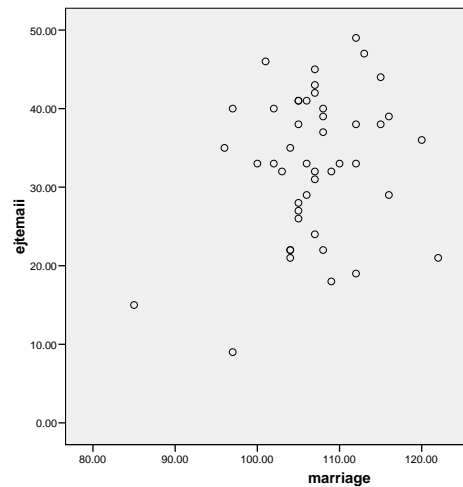


Figure 3: Distribution correlation between marital satisfaction and social self-efficacy

Table 6: Correlation coefficient between Mothers' parenting stress and emotional self-efficacy

Variable	Correlational	Coefficient	Direction	R ²	Sig.
Mothers' parenting stress and emotional self-efficacy	Pierson	-0.28	Negative	0.08	-

The calculated amount is significant and it can be concluded that there is a strong correlation between the two variables.

DISCUSSION

With the study being over, it was an attempt to assess the relationship between parenting stress and self-efficacy in students with visual impairment. The results showed that the variables and indicators triple efficacy, such as parenting stress, self-efficacy, social and emotional there is a significant inverse relationship. These findings verify previous research findings that indicate effectiveness of parenting stress marker which is on the components efficacy in its three dimensions. yaghob Khani (1372), mehrafroz. (1381), Hosseini nesbat (1387), Kimberley (1386), Kimberley et al (2010) in their study concluded that there is significant relation and negative correlation in parenting stress with efficacy .In this regard valizadeh (1390) in his study je carried samples consisted of 304 students that aims to determine the role of self-esteem and self-concept of intermediary in the relationship between parenting styles and academic achievement that the direct effects of three permissive parenting styles, authoritarian and authoritative are significant academic achievement requirements. Yousefi (1386) in his study With the Title Relationship Style of parenting by parents With social Skills And Aspects From Self-concept Knowledge of High school Students, the results of his study suggests That Iranian Children that Belong To decisive Families completely lack less social skills. In another study

yaghobkhani (1372) on the effects of family environment on children's achievement showed the warmth of family is positively correlated with academic achievement. Warm and more controlled Families showed more success. Johnston and Chen (2010) showed in their studies that the overall academic achievement of students with authoritarian parenting style have no negative relationship with the authoritarian style of communication (bitaraf, 1389). on the other hand Henriksen and Røcker (2000) have been shown in their research that styles of parenting , especially supportive parenting styles, led to the formation of children and adolescents , while the lack of support and the use of authoritarian methods leads to various problems such as substance abuse and dropout . Schunk (1996) in his study showed, positive academic motivation and academic achievement are linked with authoritative style. This style provides background which through it parents reinforce children's independence and individuality, they create opportunities for the family to decide on their participation. In several studies (Dornbusch et al, 1987; Lamborn et al, 1991; Steinberg et al, 1994) shows that authoritarian, permissive, and neglectful stringent fee has a negative correlation with academic achievement. Results of the study which appeared over before the importance of parenting stress management and its impact on self-efficacy as a confirmed decisive indicator variable and can prevent problems in academic and social students taken into consideration.

STUDY LIMITATIONS

This study is similar to other studies of people with limitations such that it can be used as follows: 1) the presented study only been used within the students with impaired vision com and 2) lack of control in other factors affecting the efficacy of the limitations of the present study can be outlined.

RESEARCH IMPLICATIONS

Going on to mention several proposals in order to apply in future studies: 1) It is recommended that efficacy be reviewed in other exceptional groups as well as others , 2) it suggests that self-efficacy be reviewed in college students and other ages 3) is recommended in order to assess the efficacy female sample be used.

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Conflict Of Interests

The author declared no conflict of interests.

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